



Donald B. Murphy Contractors, Inc. and **Cooney-McHugh Division**
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DONALD B. MURPHY CONTRACTORS, INC.

SITE SPECIFIC SAFETY PLAN

PROJECT NAME: **VIVIAN PARK TO WASATCH
LINE ON SR 189**

DBM/CM JOB #: **867-02**

DATE: **March 18, 2002**



GENERAL, HEAVY AND DRILLING CONSTRUCTION · STEEL, HEAVY RIGGING CONTRACTOR
DO-NAL-LI-331RQ



JOB SITE SAFETY PLAN

Date: March 18, 2002

Project: Vivian Park to Wasatch Line on SR 189

Job Number: 867-02

Client: Utah Department of Transportation

On Site Supervisor: Ed Boyer
(Competent Person)

Employees:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____
13. _____
14. _____
15. _____
16. _____
17. _____
18. _____

Subcontractors:

- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

The above signatures were obtained to document that each of these individuals have reviewed and receiving training on this site specific safety plan.



SITE SPECIFIC SAFETY PLAN PROGRAM ADMINISTRATION

March 18, 2002

SITE SAFETY PERSON

- ❖ DBM will have a designated competent person on site, that person will be the job site superintendent.
- ❖ Each sub-contractor will be required to have a designated safety person.

JOB SITE SAFETY COMMITTEE

- ❖ The job site safety steering committee will meet every Friday afternoon to discuss issues discovered on the walk around inspections, operations for the following week and other safety concerns.
- ❖ Members of the safety committee will be designated employees of the contractors that are working on site. Owner representation on the committee is encouraged.

WEEKLY TOOL BOX/SAFETY MEETINGS

- ❖ Meetings are held every Monday before start of shift.

JOB SITE INSPECTIONS

- ❖ Weekly walk around inspections will be scheduled by the superintendent and will happen at least once per week.

April 2, 1999

Re: DBM Commitment to Safety

To all employees,

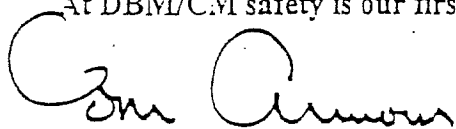
At DBM Contractors, Inc. (DBM/CM) we take safety and the health and well being of our employees and project partners very seriously. Safety on the jobsites, in the office and everywhere in between must be an integral part of everyone's daily routine. In our business safety is not just about wearing hard hats, safety glasses and safety vests. Safety is developing and promoting a company wide policy in accordance with Federal and State OSHA regulations, implementing the policy through proper and adequate training of staff and subcontractors, and policing the various company activities to ensure safety compliance and the well being of every DBM/CM employee and person associated with our work.

I urge everyone to contact members of our Safety Committee to discuss any safety related questions, concerns, or ideas you may have. They serve an important company function and are available to assist you with your safety needs.

Performing unsafe duties is a benefit to no one. Making safety a daily habit is a benefit to everyone.

Get involved and make safety your responsibility, you may save a life.

At DBM/CM safety is our first priority!



Tom Armour
President



SAFETY PROGRAM OVERVIEW

Policy Statement-

SAFETY FIRST

Donald B. Murphy Contractors, Inc. recognizes the importance of a comprehensive safety program to the continued health and well being of both its work force and its bottom line. While the contribution to the bottom line can easily be measured in terms of lost time, insurance premiums and pay-out, the contribution to the health and well being of DBM/CM employees is far more important and much more difficult to measure. The greatest successes of a functional safety program are those things that do not happen: the eye that is not lost and the arm that is not broken.

Moreover, it is our experience that safety is not a policy or a program, but rather is an attitude, and a reflection of an overall willingness to think globally and act locally. The management is extremely gratified to think that such a "corporate attitude" can extend to the personal lives of its team members.

It has been our experience at DBM/CM that safety cannot be the responsibility of one individual, but rather is the collective responsibility of all team members. Accordingly DBM/CM has formed a Safety Committee comprised of those listed below. The following page(s) will familiarize all DBM/CM team members with the objectives of the committee, as well as the responsibilities of the committee.

The management of DBM/CM is always anxious to listen to any comments, criticisms or suggestions from any DBM/CM personnel regarding the dangers inherent in our type of work, or ways to make doing the job a bit safer. All employees are asked to pass all such observations, ideas, suggestions or concerns to anyone on the Safety Committee. Employees may do this by attending the monthly Safety Committee meeting, or contact members by written or verbal communication.

All members may be reached by contacting the Corporate office (253) 838-1402 or in case of an emergency after hours, reach Bob Birdsall (Chairman of the Safety Committee) at (253) 405-4032.

The 2002 Safety Action Committee Members:

Bob Birdsall	Appointed by Management	Chairman
Sue Wolf	Appointed by Management	Secretary
Troy Edwards	Appointed by Management	
Susan Little	Elected by Employees	
John Joslin	Elected by Employees	
Dave Green	Elected by Employees	

Rev 2-02



DBM Contractors Inc.

Safety Incentive Program

The DBM Safety Incentive Program is a method to recognize employees who have made an extra effort to increase the safety awareness on their projects or to improve the overall safety of the Company. As an employee of DBM it is already a responsibility to work safely-your job and life depend on it.

DBM has developed this Safety Incentive Program to recognize employees whom have gone the "*extra mile*" with regard to safety. The program is based on employees being nominated for an award of excellence by their peers or by a supervisor. A minimum of two safety awards per month will be available if there are persons eligible to receive a Safety Award. The Safety Committee will review the nomination. If the nomination has been found to have merit, the Safety Committee will then determine eligibility for the persons nominated and will determine the type and extent of the award.

At the end of the fiscal year (September 30th), special grand prizes will be made available to select past recipients of Safety Awards. The Safety Committee will determine the selection process, type and nature of the award. Please note that special grand prizes will be available if the company has had a successful safety program for the past year *and* has been profitable for the past year.

Members of the Safety Action Committee who are nominated and receive a monthly safety award, are *not* eligible for the grand prize awarded at the end of the year.

In addition to the monthly safety award of excellence, the Safety Committee will be giving "*instant*" awards at the job sites to employees that are "*caught doing things right*".

NOMINATION

SAFETY AWARD FOR EXCELLENCE

Date:

Nominated By:

Print Name

Individual Nominated:

Print Name

Reason For Nomination: (more detail the better)

Signature



SAFETY ACTION COMMITTEE

DBM/CM's safety program is administered by a Safety Action Committee comprised of two employee-elected members and two members appointed by the company's Management Committee. Elections are held annually. Membership on the committee is for one-year terms. In the event an elected committee member cannot fulfill his/her obligation, the Chairman of the Committee will review the ballots and the employee with the next highest votes will fill position.

The responsibilities of the committee are:

- A. A review of the safety and health inspection reports to assist in the correction of identified unsafe conditions or practices.
- B. An evaluation of the accident investigations conducted since the last meeting, to determine if the cause of the unsafe acts or unsafe condition involved was properly identified and corrected.
- C. An evaluation of the accident and illness prevention program with the discussion of the recommendations for the improvement where indicated.
- D. The attendance shall be documented.
- E. The subject(s) discussed shall be documented.

Additional responsibilities are broad and include:

Continual updating and revising DBM/CM Safety Manual, which will include but not limited to:

- Corporate Safety Policies
- Accident Prevention Programs
- Training and Education
- OSHA Regulations and Reporting
- Accident Reporting and Review

The powers of the committee include:

- The power to request the unpaid appearance of any employee as part of the committee's accident investigation program.
- The power to inspect and/or shut down jobs until unsafe situations is corrected.
- The power to discipline employee(s) including the suspension or termination of employee(s).
- The power to acknowledge and commend safety achievements.

Meetings are held at 4:00 PM on the first Thursday of each month in the main conference room of the DBM/CM's Federal Way, WA corporate offices. The meeting is open to all employees and all are encouraged to attend. In the event a member is unable to attend, it is his/her responsibility to arrange for another employee to fill in for him/her. If member fails to make arrangements, the Chairman has the right to remove the member from the committee permanently.

MANAGEMENT'S RESPONSIBILITY

1. It shall be the responsibility of the management to establish, supervise and enforce, in a manner which is effective in practice:
 - A safe and healthful working environment
 - An accident prevention program as required.
 - Provide training programs to improve the skill and competency of all employees in the field of occupational safety and health.
2. Employees required to handle or use poisons, caustics, and other harmful substances shall be instructed regarding the safe handling and use, and be made aware of the potential hazards, personal hygiene, and personal protective measures required.
3. In job site areas where harmful plants or animals are present, employees who may be exposed shall be instructed regarding the potential hazards, and how to avoid injury, and the first aid procedures to be used in the event of injury.
4. Employees required to handle or use flammable liquids, gases, or toxic materials shall be instructed in the safe handling and use of these materials and made aware of the specific requirements.
5. Confined Spaces.
6. DBM shall ensure that work assignments place no employee in a position or location not within ordinary calling distance of another employee able to render assistance in case of an emergency.

Note: This subsection does not apply to operators of motor vehicles, watchmen or other jobs which, by their nature, are single employee assignments. However, a definite procedure for checking the welfare of all employees during working hours should be instituted and all employees advised.

7. DBM shall post and keep posted notice(s) by the department of Labor & Industries, informing employees of the protections and obligations provided for in the act. That assistance and information, including copies of the act, and of specific safety and health standards, employees should contact DBM's corporate office, or the nearest office of the Department of Labor & Industries. Such notice(s) shall be posted by DBM at the Federal Corporate Office. DBM will assure that such notices are not altered, defaced, or covered by other material.

ON SITE SUPERVISOR RESPONSIBILITIES (COMPETENT PERSON)

Employee safety on the job is the primary responsibility of every supervisor/competent person. The Safety Action Committee acts only as the coordinator. Employee safety cannot succeed without the supervisor's utmost sincerity and effort. DBM has gone to great expense to provide safe working conditions throughout the company. It is the supervisor's duty to see that there is complete safety in his or her area at all times.

The contributing factor in over 60% of all accidents involves both the employee and his or her environment. The supervisor must, therefore, be on the alert for incidents of human error and mechanical failure. He/she must take the initiative to make corrections where he or she has such authority. The supervisor/competent person must report any condition or employee practice that is likely to cause an accident.

The supervisor/competent person must be convinced that the accidents are usually preventable, and don't just happen. An act of negligence, disregard for established rules or procedures, being in a hurry, improperly guarded machinery, lack of or improper maintenance, all can cause an accident.

As the supervisor/competent person, you must understand that an accident does not affect the employee alone. Accidents cost money and have a direct impact on Company profitability. Accidents affect production and directly reflect on the efficiency of the job. *You must demand a firm, no nonsense attitude towards safety on your projects.*

Supervisor's Action

To have an effective safety program, every supervisor/competent person shall ensure that:

- All employees are provided a safe workplace: Work will not be assigned that is hazardous or located in a hazardous area. All steps will be taken to provide for the safety of the employee. This is done through the site specific safety plan. Prior to starting work, a job site hazard analysis will be conducted and a site specific accident prevention plan will be written. During the course of the project, & at least once weekly, a job site inspection will be performed by the Supervisor and one hourly crew member. These inspections will be documented and deficiencies corrected immediately.
- All employees have received proper job instruction and are familiar with pertinent safety and health rules, regulations and hazards. This will be done by having all employees review and sign the site specific safety programs. Tool Box meetings will be held at least once weekly to address current safety hazards, concerns and procedures. All employees have received a their own personal copy of the OSHA Guide to Construction Safety.
- All safety and health deficiencies are corrected promptly and not repeated.
- All Accidents/Incidents are reported promptly no matter how minor. Refer to safety manual for proper reporting procedures.
- Injured worker(s) receive prompt medical attention.
- Accidents/Incidents are investigated immediately upon first opportunity.
- Corrective/Disciplinary action is taken and documented when appropriate.

EMPLOYEE'S RESPONSIBILITIES

DBM/CM's goal is to provide a safe environment, meet legal requirements, and to effectively manage all industrial insurance claims. All personnel are expected to meet their following responsibilities.

Employees shall coordinate and cooperate with all other employees in an attempt to eliminate accidents.

- Employees shall study and observe all safety standards governing their work.

Employees shall apply the principles of accident prevention in their daily work and shall use proper safety devices and protective equipment as required by their employment or employer.

- Employees shall properly care for all personal protective equipment.
- Employees shall make a report, on the day of the incident, to their immediate supervisor, of each industrial injury or occupational illness, regardless of the degree of severity.

Additional Employee Responsibilities:

- Employees shall read and observe the DBM/CM employee handbook. Each Supervisor is responsible for implementing the Safety Program for his/her project. The Supervisor has authority to enforce stricter policies, rules, and procedures than what are listed in the DBM/CM Handbook.
- All employees must read and observe the DBM/CM Substance Abuse Policy.
- Employee(s) will cooperate with accident investigations and provide statements, and /or any other reasonable requests of management.
- Employee(s) are expected to cooperate with the DBM/CM Return to Work Program.

ALL ACCIDENTS AND INJURIES, NO MATTER HOW MINOR, MUST BE REPORTED TO THE SUPERVISOR IMMEDIATELY. IN THE EVENT THE SUPERVISOR IS NOT AVAILABLE, THE EMPLOYEE MUST CONTACT A MEMBER OF THE SAFETY ACTION COMMITTEE AT: (253)838-1402 / 927-8510.

Date:

To: *All Subcontractors*

Re: Project: _____

Dear Subcontractor:

Pursuant to our subcontract agreement with you, you are required to have your on-site employees attend our weekly safety meetings or conduct weekly safety meetings of your own. We consider these meetings to be of utmost importance in providing a safe work environment for all on-site personnel. Our Superintendent will notify your field representative of the time and location of the safety meetings.

When you are on site and choose not to have your employees attend our safety meetings, we require that you have at least one representative attend the DBM/CM weekly meeting. If you conduct your own safety meetings you are also required to send us for our review and records, a copy of the minutes (in detail), signed by all those in attendance.

Walk-around job site safety inspections are required. (1) Non-management employee and (1) management representative from your company must conduct these inspections. Please submit to our project superintendent weekly, a copy of your current inspection, signed by both personnel.

You are required to comply with all Utah State laws and Utah/OSHA regulations. See attached subcontractor safety rules and information. If the rules are not followed you will receive at minimum a written warning from Donald B. Murphy Contractors. Serious violations may result in termination of your subcontract.

If Donald B. Murphy Contractors, Inc., receives a citation and/or fines on your behalf because of your non-compliance, we will withhold money from your contract. If no fines are assessed, the money will be released with your final payment, except for a \$200.00 administration fee.

Donald B. Murphy Contractors, Inc., puts safety first and expects the same from our subcontractors.

Attached is a copy of the "Subcontractor's Safety Questionnaire-Appendix A". It must be completed and returned to our office prior to the start of work on the above referenced project.

Very truly yours,

Donald B Murphy Contractors, Inc.

DONALD B. MURPHY CONTRACTORS, INC.

SUBCONTRACTOR
SAFETY RULES AND INFORMATION

You are required to comply with all Washington State Laws and WISHA/OSHA regulations. Safety programs are to include, but not limited to: Site specific safety plans, emergency evacuation plans, fall protection plans, Right to Know (MSDS), Bloodborne Pathogens, Respirator Protection, Down Hole Entry, Excavation, Steel Erection, Lead Abatement Programs, and training of all personnel on proper protective equipment, use of ladders, stairways, scaffolding etc.

WORK RULES:

- In the event of any equipment or tool damage, discontinue its use immediately and report it to the Foreman or Superintendent.
- Use the tools and personal protective equipment properly.
- Follow instructions. Ask questions when in doubt on the proper use of tools, equipment, or personal protective equipment.
- Observe and comply with all safety signs and regulations.
- Report all unsafe working conditions, and/or potentially hazardous situations immediately to DBM/CM's on site supervisor.
- Operate only equipment you are qualified to operate.
- Communicate to DBM/CM problems or concerns that affect your safety or working conditions.
- Attend and participate in weekly job site safety "toolbox" meetings.

EMERGENCIES AND ACCIDENTS PROCEDURES

- In the event of an emergency, follow the site specific emergency action plan. Notify the DBM/CM project supervisor at the first appropriate opportunity.
- In the event of an accident, tend to the personnel involved and follow the site specific emergency action plan. Notify the DBM/CM project supervisor at the first appropriate opportunity. A written incident report must be submitted to the DBM/CM project supervisor within 24 hours of the incident. (copy OSHA form 101-or your equivalent)

Site Specific Safety Plan:

Each specific project will have posted:

- Location of the First Aid kits
- Job site emergency action plan including emergency phone numbers
- Location of fire extinguishers
- Material Safety Data Sheets (MSDS)- Pertaining to the specific project
- Job Site Hazard Analysis: Examples-not limited to: Fall protection plan, down hole entry plan, respirator protection plan, lead abatement program, etc.

Drug Free Workplace Policy:

DBM/CM is a Drug Free Workplace. Please read and abide by the attached policy.

Behavior:

Misconduct and improper behavior of your employees may result in their removal from the DBM/CM job site. DBM/CM does not tolerate horseplay, fighting, or any form of discrimination.

PERSONAL PROTECTIVE EQUIPMENT:

Minimum requirements are:

Hardhats: Hardhats are required at *all* times at all DBM/CM work sites. Hard Hats must be made of high impact plastic which meet all OSHA standards.

Ear Protection: Ear protection is recommended on all DBM/CM work sites. Ear protection is mandatory when exposure is equal to or exceeds an average of 85 dBA for an 8 hour time-weighted period.

Eye Protection: Eye protection is required on all DBM/CM work sites.

Fall Protection: Mandatory when exposure to falls over 10'- DBM/CM requires a double lanyard system.

Hand Protection: Gloves are recommended at all time and are required when handling hazardous material/substances, handling cable, ropes, lagging, or working with concrete/grout.

Lung Protection: Masks and/or respirators are required when it is appropriate. A Respirator Protection plan will be in place when employees are exposed to harmful air contaminants and when necessary to protect employees in oxygen-deficient atmospheres.

Leg Protection: Long-legged heavy (denim-type) fabric required. No-shorts, cut-offs, or sweats allowed.

Upper Torso: Minimum requirements is a T-shirt type covering chest, shoulders, and stomach. No Tank-tops, halters, or cut-off shirts allowed.

Foot Protection: Hard soled work boots are required. Steel-toed shoes may be required on certain projects. No tennis (canvas) type shoes, thongs, sandals, or high-heels allowed.

Vehicle/Equipment Requirements: Seat belts must be worn at all times. Please report any equipment with malfunctions, unsafe conditions, or missing protective equipment immediately to the job site supervisor.

FAILURE TO COMPLY WITH THE WORK RULES AND POLICIES SET FORTH ABOVE, MAY RESULT IN THE IMMEDIATE TERMINATION OF YOUR SUBCONTRACT.



APPENDIX-A

DONALD B. MURPHY CONTRACTORS, INC.

SUBCONTRACTOR'S SAFETY QUESTIONNAIRE

Subcontractor Name: _____

Project Name: _____

1. List your company's worker's compensation experience modification factor for the past 3 years: (for the state the above reference project is located)

2001 _____ 2000 _____ 1999 _____

2. Please use your last year's OSHA 200 Log to complete the following:

A) Number of Lost Work Day Cases: _____

B) Number of Fatalities: _____

C) Number of Lost Work Days: _____

3. Hours worked last year by all employees: _____

4. Do you conduct job site safety inspections: _____

If Yes, How Often: _____ (weekly inspections are required)

5. Do you conduct weekly "toolbox" meetings? _____

6. Do you have a written safety program? _____

7. Do you have an orientation program for new employees? _____

8. Do you have a foremen/supervisor's safety training program? _____

9. Please name the safety responsible person for the above referenced project :

(Please list his/her experience or qualifications: (example: competent person trained)

Signature _____ Title: _____ Date: _____



Safety Review Board

Monthly, during the Safety Action Committee meeting, the committee will determine if there are outstanding injuries, accidents or incidents that deserve further review. Such reviews will be scheduled for the following Wednesday and conducted by members of the Safety Action Committee. In order to protect the privacy of those involved, attendance at the reviews are by invitation only.

Attendance is mandatory unless otherwise notified by the committee. Employees may not be compensated for their attendance.

Safety Review Board Policy

The following is a guideline for the selection of accidents and incidents to be reviewed by the Accident/Safety Review Board:

- Any accident, any safety violation, or any unsafe act that causes property damage
- Any accident, any safety violation, or any unsafe act that causes personal injury.
- Any event that could be considered a close call or near miss to a serious accident will be reviewed on a case-by-case basis.

This program is designed to assist Donald B. Murphy Contractors, Inc. in preventing accidents through a system that monitors practices and habits that lead to industrial accidents. It is not the intent of the program to harass or intimidate employees-but to hold each employee accountable for their own actions. The purpose of the Safety Review Board is to gather the facts about each accident or incident in the interest of preventing similar occurrences in the future.

Disciplinary Procedure:

The purpose of disciplinary action is to correct below standard work performances and to hold each employee accountable- disciplinary action consists of:

- Counseling, Verbal Reminder, Warning: Informal discussion about general work performance or behavior.
- Oral Reprimand: Warning that work performance or behavior is unacceptable, with reasons, specific examples and recommendations for corrections.
- Written Reprimand: Notification in writing of work or behavior deficiencies. This is acknowledged by the employee and a copy placed in his/her personnel file. This becomes a permanent employment record. If at a later date the Safety Review Board determines the deficiencies have been corrected, the written reprimand may be removed at the request of the employee. Removal will be documented in writing.
- Suspension: The employee will be removed from the payroll for a specified number of days. The number of days will be measured against the severity of the offense.
- Termination: Employees will be terminated for cause due to a gross safety violation, repetitive unsafe acts or displays of disregard for their and/or fellow employees safety.

The Safety Review Board will follow the attached guidelines published through the AGC when determining the appropriate disciplinary action.

Donald B Murphy Contractors
(DBM/CM)

Penalties for Safety
Violations or Offenses

- 1- Counseling
- 2- Oral Reprimand
- 3- Written Reprimand
- 4- Suspension
- 5- Termination

Nature of the Offense/Violation	Previous Offenses or Violations of the Same Nature		
	First	Second	Third
1. Willful or negligent damage of common property	1,2,3,4,5		N/A
2. Exhibiting unsafe work habits	1,2,3	3,4,5	N/A
3. Creation of safety or fire hazard	3,4,5	5	N/A
4. Violation of DFWP	5	N/A	N/A
5. Willful violation of any DBM policy, regulation, or safety requirement	1,2,3	3,4,5	5
6. Failure to report accident, near miss, or property damage	1,2,3	3,4,5	5
7. Displaying acts which have an adverse effect on the safe and well being of personnel-(Horseplay, fighting, verbal exchanges)	1,2,3	3,4,5	5
8. Violation of PPE plan	1,2,3,4,5	3,4,5	5
9. Violation of Fleet Safety Program	1,2,3,4,5	3,4,5	5
10. Violation of fall protection plan	1,2,3,4,5	4,5	5



Donald B Murphy Contractors, Inc.
NOTICE OF SAFETY VIOLATION
and
WRITTEN WARNING

DATE ISSUED: _____

PROJECT NAME _____ NO. _____

EMPLOYEE NAME: _____

LOCAL UNION: _____ NO. _____

EXPLAIN VIOLATION: _____

EXPLAIN REQUIRED MEASURES TO CORRECT: _____

WAS EMPLOYEE AWARE OF THE ABOVE SAFETY REQUIREMENT PRIOR TO THE VIOLATION? _____

WAS EMPLOYEE PROVIDED WITH EQUIPMENT NECESSARY TO COMPLY WITH THE SAFETY REQUIREMENT? _____

WHAT WAS THE EMPLOYEE'S REASON FOR NON-COMPLIANCE WITH THE SAFETY REQUIREMENT? _____

EMPLOYEE SIGNATURE _____

DATE _____

SUPERINTENDENT SIGNATURE _____

DATE _____

DATE SENT TO SAFETY DIRECTOR _____

DATE MAILED TO LOCAL UNION _____

WHITE - EMPLOYEE

CANARY - JOB FILE

PINK - OFFICE

Drug Free Workplace Policy (DFWP)

Donald B. Murphy Contractors, Inc. is committed to providing a safe and healthy work place for all employees and related personnel, to include protection of the general public from any harm or exposure to any hazardous situation as related to any DBM/CM operation.

To uphold this commitment, DBM/CM has a strict policy with regards to the use "prohibited substances".

The term "Prohibited Substances" is defined as any substance which may effect mental or motor functions including but not limited to illegal drugs, alcohol, controlled substances, designer drugs, synthetic drugs, look-alike drugs, or legal drugs obtained *illegally*. "Alcohol" is defined as any beverage or substance containing alcohol.

Prescription medication may be allowed only under the following procedure. The employee must provide to his/her supervisor written authorization from the prescribing physician that the medication will not impair the employee's ability to perform the duties of his/her position. This authorization must be submitted prior to the start of the employee's shift.

1. Policy Outline

As a strict policy, Donald B. Murphy Contractors, Inc., (DBM/CM) prohibits the use of prohibited substances at any DBM/CM *workplace* either during work hours or after hours.

The conduct of an employee of Donald B. Murphy Contractors, Inc. on his/her own time, any place other than a DBM/CM workplace, is strictly the concern of the employee. However, unauthorized prohibited substances brought to the workplace either on or in the person of employ, upon discovery, may result in immediate termination.

It is the responsibility of all employees to inform either his/her supervisor or a member of the DBM/CM Safety Action Committee (SAC), when they suspect use of prohibited substances by any person(s) at a DBM/CM work place (refer to DFWP 2-4 "Reasonable Cause" for more information). If the person in suspect is a DBM/CM *supervisor or manager*, the observation must be immediately reported to either Bob Birdsall (Chairman of the SAC) or Tom Armour (President).

DBM/CM will encourage any employee discharged for use of prohibited substances to seek rehabilitative treatment. Employees may find rehabilitation/counseling facilities by contacting their medical provider's "Employee Assistance Program" (EAP), or through the phonebook, internet, local church, or other community services. Cost of any and all rehabilitative treatment will be the sole responsibility of the employee.

Any employee found selling or distributing prohibited substances at any DBM/CM work place will be reported to local law enforcement, charged as applicable and discharged from employment immediately.

2. Testing

- **New employees:** All applicants that have not worked for DBM/CM for a period of 60 days and have received an offer of employment will be required to submit to alcohol and drug testing. Employment is conditional of receiving a negative test result. Refusal to test, or results that are positive or adulterated will be grounds for withdrawing the conditional offer of employment. The employee will not be eligible for re-testing for the purpose of employment until thirty (30) days has lapsed.

Applicants that are covered under a separate "drug free workplace" policy through their collective bargaining agreement will be required to provide a current and valid certification card (example- NW Ironworkers DFWP).

- **Post Accident:** Any employee involved in an accident (regardless of fault) or files an industrial insurance claim is required to submit to alcohol and drug testing. (This includes all incidents that result in damage to any DBM/CM owned/rented/borrowed or leased property). The testing will be done within 2 hours post accident if there is a fatality, emergency medical treatment away from the scene, or disabling damage to any vehicle which requires a tow away. Under no circumstance will 24 hours past from the time of the accident/incident or medical treatment- to the time of the test. Failure to or refusal of test will be considered a voluntary termination of employment.
- **Reasonable Cause or Probable Suspicion:** Based on specific personal observations that could include appearance, near miss incident, unusual behavior, speech or breath odor the DBM/CM supervisor or manager may request an employee be tested for prohibited substance abuse. Prior to requesting testing, the probable suspicion will be documented at or near the time of the observation by the supervisor/manager and at least one other individual (see DFWP Form-4). DBM/CM management (or another person designated by management) will transport the employee to the testing facility. Upon completion of the test, DBM/CM management will arrange for transportation of the employee back to his/her residence. Refusal to test will be considered a voluntary termination of employment.
- **Random Testing:** DBM/CM will conduct periodical random alcohol and drug testing. This testing will be in compliance with the Federal Hwy DOT requirements and conducted in a fair and impartial manner. The lottery type drawing will include both bargaining unit and non-bargaining unit personnel. Subject employees randomly tested will not exceed 50% of the entire annual average work force of DBM/CM. Cost of testing will be borne by DBM/CM, and employees will be compensated for their time. Failure to comply will be considered a voluntary termination of employment.

**Employees already covered under a separate "drugfree workplace policy" that has it's own random drug testing through the collective bargaining agreement, will be excluded from the DBM/CM random testing-provided that they have a current DFWP card. (Example: NW Ironworkers DFWP).*

3. RESULTS

- Negative: Tests below the threshold level indicated on DFWP 4-4 are considered 'negative'. Employment will be immediately reinstated. Cost of testing will be borne by DBM/CM.
- Invalid test: Tests results that are not acceptable due temperature or dilution will require a re-test. If a re-test also returns as being unacceptable, the Safety Action Committee will interview the employee and determine whether further action is required. Failure or refusal to re-test will be considered a voluntary quit and the employee will not be eligible for re-hire without authorization by the DBM/CM Safety Action Committee.
- Adulterated: Specimens found to be chemically altered will result in immediate termination. A written termination slip will be sent to the employee and his/her union. The employee will not be eligible for re-hire by DBM/CM for a minimum of 90 days. After the 90-day period, the employee may request a review by the DBM/CM SAC. Only the Safety Action Committee has authorization to re-instate the employee's position. If the SAC authorizes re-instatement, the SAC must also have approval from the employee's union. If all parties agree, the employee will be required to sign an "agreement for continuation of employment" (See DFWP Form-2).
- Positive: Tests levels above the thresholds indicated on DFWP 4-4 are considered 'positive'. The employee will receive written notification of the positive test (DFWP Form-1) and will be given in writing options to return to work (See DFWP Form-1 Page 2 of 2). Employees that fail to accept the return to work options will be considered a voluntary quit and will not be eligible for rehire without authorization from the DBM/CM Safety Action Committee.

4. EMPLOYEE RIGHTS

Employees covered by a collective bargaining agreement may have the right to use the grievance/arbitration system to challenge any aspect of the testing procedures. Employees are instructed to contact their union representative for more information.

Any employee may challenge the results of a positive test:

Request within ten (10) days, a sample of his/her urine specimen from the medical facility for the purpose of re-testing the sample. Chain of custody for the specimen shall be maintained between the assigned DBM/CM MRO (Medical Review Officer) and the employee's designated qualified laboratory. This will be at the expense of the employee. If the results are still positive, the employee will be terminated-(Refer to DFWP Form-1 for return to work options). Should the results be negative, DBM/CM will request testing for a third time, following the same chain of custody procedure. If the third testing is also negative, DBM/CM will bore the costs of all three testing procedures and employment reinstated.

Testing Thresholds Established for
The Federal Register of the DOT

11-25-1999

Substance	EMIT/ADP Test	GC/MS Test
Alcohol (Ethanol)	0.03 g/dl	0.03 g/dl
Amphetamines		
Amphetamine	1000 ng/ml	500 ng/ml
Methamphetamine	1000 ng/ml	
Barbiturates	300 ng/ml	300 ng/ml
*Butalbital	1000 ng/ml	
*Phenobarbital	1000-3000 ng/ml	
Secobarbital	300 ng/ml	
Benzodiazepines	300 ng/ml	200 ng/ml
*Chlordiazepoxide	3000 ng/ml	
*Diazepam	2000 ng/ml	
Oxazepam	300 ng/ml	
THC (Marijuana)	50 ng/ml	15 ng/ml
Cocaine Metabolite		
Benzoyllecgonine	300 ng/ml	150 ng/ml
Methadone	300 ng/ml	100 ng/ml
Methaqualone	300 ng/ml	300 ng/ml
Opiates		
Codeine	2000 ng/ml	300 ng/ml
*Morphone	300 ng/ml	
Phencyclidine	25 ng/ml	25 ng/ml
Propoxyphene	300 ng/ml	100 ng/ml

* Starred items cannot be detected at the lower recommended level. They first show up at the higher defined level due to the current sensitivity of the testing procedures.

DFWP FORM-1

ALCOHOL AND DRUG TEST RESULT NOTIFICATION

Date of Notification: _____ Time: _____

Employee/Non-Employee Name: _____

Employer : _____

DBM Employer Representatives: Sue Wolf and Bob Birdsall

Dear: _____
(Name)

The alcohol or drug test you took on: _____ had the following results:
(Date)

Invalid Test: _____ Adulterated: _____ Positive: _____

If you have any questions about your test results and/or wish to obtain a copy of the results, you must request it in writing within 10 days of this notification. Requests should be submitted to:

DBM Contractors, Inc. Post Office Box 6139 Federal Way, WA 98063
Attention: Sue Wolf-Confidential

Enclosed is a copy of the DBM/CM Drug Free Workplace Policy. Please review this information and direct any questions or concerns to either Sue Wolf or Bob Birdsall at 253-838-1402.

On the following page, listed according to the type of result, are the options available to you for continued employment with DBM/CM.

Please sign that you have been notified of the results of this test and you have received instruction on the options available for you to return to work at DBM/CM. You have also received and understand the DBM/CM Drug Free Work Place Program (DFWP).

(Employee signature)

(Date)

(Witness)

Invalid Test: The test was not acceptable due to temperature or dilution. You are now requested to return immediately to the closest qualified testing facility and take a re-test. If the second test is acceptable, your employment will be reinstated with full back pay. If the results of the re-test is also invalid, you will be required to meet with the Safety Action Committee to discuss probable cause. The SAC will determine appropriate action at that time. Failure to or refusal to re-test will be considered a voluntary quit and you will not be eligible for re-hire without authorization from the Safety Action Committee.

Adulterated Test: The specimen was determined to be chemically altered. Your employment is immediately terminated. You will not be eligible for re-hire for a minimum of 90 days. After the 90-day period, you may request a review by the DBM/CM Safety Action Committee. Only the SAC has authority to re-instate your employment. If the SAC agrees to your re-instatement, they will notify your local union. If all parties agree, you will be required to sign an "agreement for continuation of employment". Copies of this agreement are included in the DBM/CM DFWP program.

Positive Test:

***Option 1: TERMINATION**

Voluntarily terminate your employment with DBM/CM effective immediately.

Option 2: RETURN TO WORK

Within in 24 hours of this notification, (Sat/Sundays excluded) contact an accredited rehabilitation/counseling facility for an evaluation of drug or alcohol use-(please see the DFWP for more info). Notify Sue Wolf or Bob Birdsall of the time and date of your evaluation. At the appointment you will be required to present the counselor(s) with a copy of this test result, and will be required to take another test. The counselor/evaluator will evaluate your personal situation in regard to your test results. They will also make recommendations regarding any rehabilitation programs, classes etc., in which they feel you would benefit from.

A written evaluation and if necessary- the recommended treatment plan must be submitted to either Sue Wolf or Bob Birdsall at DBM/CM. Based on the evaluation or completion of the recommended treatment plan, the DBM/CM Safety Action Committee will determine when you will be eligible to return to work for DBM/CM.

When you are approved to return to work for DBM/CM, you will be required to sign an "agreement for continuation of employment". Please refer to DFWP Form-2 (copy attached).

**If you elect Option # 1- termination of employment-DBM/CM considers this a voluntary quit. After 90-day's you may request a review by the SAC. The Safety Action Committee has the only authority to re-instate your employment.*

DFWP FORM-2

DONALD B. MURPHY CONTRACTOR'S INC. AGREEMENT FOR CONTINUATION OF EMPLOYMENT

As part of the employee's commitment to remain free of alcohol and drug use, it is understood that the employee's continuation of employment by Donald B. Murphy Contractor's Inc., (DBM/CM) is based upon and constrained by the following terms:

1. The employee _____ must submit to evaluation of potential alcohol and drug problems by a recognized and certified accredited professional.
2. This employee agrees to participate in all rehabilitation treatment recommended by the counselor performing the evaluation.
3. This employee authorizes the evaluation counselor to provide a copy of the rehabilitation treatment recommendations to Donald B. Murphy Contractors, Inc.
4. The rehabilitation facility agrees to closely monitor the employee's attendance at all required sessions. The rehabilitation facility will notify DBM/CM of this employee's failure to satisfactorily attend treatment sessions. Failure of this employee to adhere to the program for treatment will result in termination.
5. In the event this employee is absent from work during the period of rehabilitation treatment, he or she will be subject to testing for prohibited substance use.
6. During the period of rehabilitation treatment as outlined by the evaluation counselor, DBM/CM will test this employee for prohibited substance use on a random basis. *Such random tests shall not exceed four random tests during this period, however such random tests are in addition to any tests that may be necessitated on a "probable suspicion" as defined in DBM/CM'S DFWP Program. This employee is subject to discharge if he or she refuses to submit to testing, or tests positive (including adulterated results) for prohibited substances during this time.
**Employees covered under the Federal DOT requirements will be tested a minimum of 6 times during the first 12 month period.*

This agreement is voluntarily entered into by the employee and in consideration for continuation of employment. This agreement only recognizes the eligibility of this employee for employment, but does not guarantee work will be available at all times during the term of this agreement.

(Employee Signature)

(Date)

(DBM/CM Manager)

DFWP FORM-3

CLINIC CONSENT FORM

Medical Consent:

I consent to the collection of urine samples by the testing facility staff as requested by Donald B. Murphy Contractors, Inc., to determine the presence of alcohol and/or drugs-if any.

I understand that any urine samples that are chemically altered shall be considered positive. I understand that if my sample is diluted, a retest at the cost of DBM Contractors will be authorized. I understand that a second dilute sample may be considered a positive result.

Authorization to release information:

I authorize the testing facility to release a statement that the EMIT GC-MS test result is positive or negative. I understand and agree that the medical facility will release to the designated representative only the pass/fail results of such testing. It will not release the results of this testing procedure to anyone else without my authorization.

I understand my alteration of this consent form, refusal to consent to or cooperate fully with the collection of urine samples, or my refusal to authorize the release of the results to DBM Contractors constitutes insubordination and is grounds for termination.

Employee Name: _____ Signature: _____

Date: _____ Time: _____ Witness: _____

Please list all drugs you are currently taking-(include over the counter medications and vitamins etc.)

Reason for test: _____

Post Accident: _____ New Hire: _____ Random: _____ Suspicion: _____

DFWP FORM- 4

Supervisor's Behavior Report Form

When requesting a Performance Impairment Exam, the DBM/CM Supervisor must complete this form and attach it to the Clinic Consent Form. Please describe the behavior or reported behavior that causes you (the DBM/CM supervisor) to request an exam of:

(Employee Name)

(Date)

(Supervisor)

(Witness)

Speech: _____

Dexterity: _____

Standing: _____

Walking: _____

Judgement: _____

Decision-Making: _____

Eyes: _____

Clothing: _____

Breath Odor: _____

Miscellaneous: _____

SAFETY RULES AND INFORMATION

DBM/CM complies with all Washington State Laws and WISHA/OSHA regulations. Safety programs are to include, but not limited to: Site specific safety plans, emergency evacuation plans, fall protection plans, Right to Know (MSDS), Bloodborne Pathogens, Respirator Protection, Down Hole Entry, Excavation, Steel Erection, Lead Abatement Programs, and training of all personnel on proper protective equipment, use of ladders, stairways, scaffolding etc.

Work Rules

- In the event of any equipment or tool damage, discontinue its use immediately and report it to the Foreman or Superintendent.
- Use the tools and personal protective equipment properly.
- Follow instructions. Ask questions when in doubt on the proper use of tools, equipment, or personal protective equipment.
- Observe and comply with all safety signs and regulations.
- Report all unsafe working conditions, and/or potentially hazardous situations immediately to DBM/CM's on site supervisor or a member of the DBM/CM Safety Action Committee.
- Operate only equipment you are qualified to operate-(forklifts are not to be operated by anyone that has not been certified to operate one).
- Communicate to the job site supervisor problems or concerns that affect your safety or working conditions.
- All employees exposed to falls over 10 feet, will require a fall protection plan. (See supervisor for the site specific fall protection work plan).
- Attend and participate in weekly job site safety "toolbox" meetings.

More information may be found in the "Keller Official's OSHA'S Construction Safety Handbook".

Behavior

DBM/CM expects the employees to act respectful to their coworkers and behave in a professional manner. DBM/CM has a "no tolerance" attitude towards violence in the work place. This includes any form of rude abusive language/gestures, discrimination or fighting (physical or verbal). Misconduct and improper behavior may result in suspension or termination.

Disciplinary Action

Notice of Safety violation and written warnings may be issued to any employee observed violating a DBM/CM safety rule, or exhibiting an unsafe act. (See the DBM Safety Program Overview).

Personal Protective Equipment (PPE):

Minimum requirements are:

Hardhats: Hardhats are required at *all* times at all DBM/CM work sites. Hard Hats must be made of high impact plastic which meet all OSHA standards.

Ear Protection: Ear protection is recommended on all DBM/CM work sites. Ear protection is mandatory when exposure is equal to or exceeds an average of 85 dB for an 8 hour time-weighted average (TWA).

Eye Protection: Eye protection is *required* on all DBM/CM work sites.

Hand Protection: Gloves are recommended at all time and are required when handling hazardous material/substances, handling cable, ropes, lagging, or working with concrete/grout.

Lung Protection: Masks and/or respirators are required when it is appropriate. A Respirator Protection plan will be in place when employees are exposed to harmful air contaminants and when necessary to protect employees in oxygen-deficient atmospheres-please refer to the site specific safety plan.

Leg Protection: Long-legged heavy (denim-type) fabric required. No- shorts, cut-offs, or sweats allowed.

Upper Torso: Minimum requirements- T-shirt type covering chest, shoulders, and stomach. No tank-tops, halters, or cut-off shirts allowed.

Foot Protection: Hard soled work boots are required. Steel-toed shoes may be required on certain projects. No tennis (canvas) type shoes, thongs, sandals, or high-heels allowed.

Vehicle/Equipment Requirements: Only qualified personnel are allowed to operate DBM equipment. Contact the job site supervisor for authorization. Seat belts must be worn at all times. Please report any equipment with malfunctions, unsafe conditions, or missing protective equipment immediately to the job site supervisor.

Site Specific Safety Plans

Each specific project will include:

- Location of the First Aid kits
- Job site emergency action plan including emergency phone numbers
- Location of fire extinguishers
- Material Safety Data Sheets (MSDS)- Pertaining to the specific project
- Job Site Hazard Analysis: which may include: Fall protection plan, down hole entry plan, respirator protection plan, lead abatement program, etc. Each employee will sign the Site Specific Plan upon completion of his or her training.

WEEKLY TOOL BOX MEETINGS

PURPOSE:

- To assist in the detection and elimination of unsafe working conditions
- To train and educate employees on proper work procedures
- To promote and publicize safety and DBM/CM's commitment
- To review job procedures and recommend improvements
- Accept and evaluate employee(s) suggestions
- Discuss accidents to determine means or elimination

PROCEDURES: The following guidelines will be followed:

Weekly Meetings: These meetings should be held in accordance with the various circumstances involved or when necessity dictates. No set patterns will suite all cases. It is important, however, that the leader talk daily on accident prevention and immediately on witnessing an unsafe act.

Weekly Job Site Inspections: Following or prior to the tool box meeting, the Supervisor and one non-management employee will conduct a job site inspection. The inspection will be documented and signed by both inspecting parties. (Inspections may be done more frequently than once a week.)

Tool Box Meetings: Weekly Tool Box Meetings are to be conducted by a certified competent person.

DOCUMENTATION:

The attached DBM/CM form will be completed at each weekly tool box meeting. A very detailed account of the meeting is required. All in attendance are required to sign it. The original and yellow copy are to be submitted to the Federal Way Office on a weekly basis. The pink copy will remain on the job site for the duration of the project.



DONALD B. MURPHY CONTRACTORS, INC.
HAZARD ANALYSIS

Ed Boyer	Vivian Park to Wasatch Line SR 189	867-02
Superintendent/General Foreman	Job Name	Job No.
DBM	Orem, UT	3-13-02
Prime/General Contractor	Location	Date
		UDOT
		Owner

OPERATION/SEQUENCE	ASSOCIATED HAZARDS	EQUIPMENT, TOOLS PERSONAL PROTECTIVE EQUIPMENT, FACILITIES	SPECIFIC INSTRUCTIONS OR LIMITATIONS
Mob	Loading, unloading, equipment crushing injuries.	Gloves, flagmen, ramps.	
Traffic Control	Struck by autos trucks and equipment	Signs, barriers, traffic vests, hard hats, flaggers, traffic control plan	
Entry to work site	Foot traffic struck by vehicle traffic	All employees will wear HIVIZ clothing while on site. Speed will be limited to 15 mph in the off road work area. All employees will wear hard hats.	Traffic control plan.
Unloading material	Swinging loads, crushing hazards, power line contact	Rigging, dunnage, cranes, boom trucks and forklifts.	Power lines will be identified and signs will be placed under them.
			All cranes will be inspected daily with written reports as per manufacturer requirement.
			Rigging will be properly maintained.

DONALD B. MURPHY CONTRACTORS, INC.
HAZARD ANALYSIS

Superintendent/General Foreman	Job Name	Job No.	Job Phone No.
DBM		3-13-02	UDOT
Prime/General Contractor	Location	Date	Owner

OPERATION/SEQUENCE	ASSOCIATED HAZARDS	EQUIPMENT, TOOLS PERSONAL PROTECTIVE EQUIPMENT, FACILITIES	SPECIFIC INSTRUCTIONS OR LIMITATIONS
			Tag lines will be used when necessary.
			Only qualified operators will be authorized to operate equipment.
			All forklifts will be operated by trained employees
Unloading material continuously			No equipment will be modified without manufacturers approval in writing.
			All materials will be stored on dunnage. All employees will wear gloves while handling rigging.
Storage of material	Slips trips fall hazards	Dunnage, rigging, gloves	

Competent Person Signature _____

DONALD B. MURPHY CONTRACTORS, INC.
HAZARD ANALYSIS

Superintendent/General Foreman	Job Name	Job No.	Job Phone No.
DBM		3-13-02	UDOT
Prime/General Contractor	Location	Date	Owner

OPERATION/SEQUENCE	ASSOCIATED HAZARDS	EQUIPMENT, TOOLS PERSONAL PROTECTIVE EQUIPMENT, FACILITIES	SPECIFIC INSTRUCTIONS OR LIMITATIONS
Rock drilling placing mesh and shotcreting.	Noise and dust. Foreign material in eye, falls, over loading boom, chemical burns and over head hazards.	Drills, safety glasses, face shields, ear plugs or muffs, elevated lifts, hammers, cranes and crane suspended baskets.	Employee will wear a hard hat, safety glasses and hearing protection. Respirators and face shields will be worn when necessary. A full body harness when operating out of lifts with a lanyard attached to the anchorage point supplied by the manufacturer.

Competent Person Signature _____

DONALD B. MURPHY CONTRACTORS, INC.
HAZARD ANALYSIS

Superintendent/General Foreman	Job Name	Job No.	Job Phone No.
DBM		3-13-02	UDOT
Prime/General Contractor	Location	Date	Owner

OPERATION/SEQUENCE	ASSOCIATED HAZARDS	EQUIPMENT, TOOLS PERSONAL PROTECTIVE EQUIPMENT, FACILITIES	SPECIFIC INSTRUCTIONS OR LIMITATIONS
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Installation of rock bolts, wire mesh and shotcrete.			Any employees who gets out of a lift in an elevated location must follow the manufacturing recommendations for doing so, also all additional loading on booms and lifts must be approved by the manufacture and side loading restrictions must be adhered to. All hoses will have whip-checks, all cranes used to suspend personnel must be properly inspected.

Competent Person Signature _____

DONALD B. MURPHY CONTRACTORS, INC.
HAZARD ANALYSIS

Superintendent/General Foreman	Job Name	Job No.	Job Phone No.
DBM		3-13-02	UDOT
Prime/General Contractor	Location	Date	Owner

OPERATION/SEQUENCE	ASSOCIATED HAZARDS	EQUIPMENT, TOOLS PERSONAL PROTECTIVE EQUIPMENT, FACILITIES	SPECIFIC INSTRUCTIONS OR LIMITATIONS
Crane suspended man baskets.	Falls		Cranes will be operated by a qualified operator. The crane must be de-rated to 50% of its capacity at all radius and a trial lift with a test weight must be done at each location or change in maximum radius. The basket must be attached to the crane properly and each employee must be tied off to the basket with a lanyard and harness. The crane must not handle any other load while picking personnel. The crane must be equipped with an anti two blocking device power up and power down. The crane will be level within 1% and the area around the crane must be barricaded.

Competent Person Signature _____

DONALD B. MURPHY CONTRACTORS, INC.
HAZARD ANALYSIS

Superintendent/General Foreman	Job Name	Job No.	Job Phone No.
DBM		3-13-02	UDOT
Prime/General Contractor	Location	Date	Owner

OPERATION/SEQUENCE	ASSOCIATED HAZARDS	EQUIPMENT, TOOLS PERSONAL PROTECTIVE EQUIPMENT, FACILITIES	SPECIFIC INSTRUCTIONS OR LIMITATIONS
Crane Operations	Struck by dropped loads. Loads swinging into equipment over head hazards Overloads.	Hard hats, tag lines and rigging	All cranes will be operated by trained and qualified operators who have taken and passed a DBM operators test. The area around the crane will be barricaded. The crane will be level within 1%. The operator will read the crane manual and load chart. Tag lines will be used when necessary.
Crane Operations			The operator will avoid swinging loads over employees and will maintain at least 10 feet of clearance from any power line. Operators will not swing over traffic lanes without stopping traffic with flaggers.

Competent Person Signature

INSTRUCTIONS FOR COMPLETING WEEKLY JOB SITE INSPECTIONS

Every Employer shall conduct walk-around safety inspections as follows:

- At the beginning of each job, and at least once weekly thereafter, a walk-around safety inspection shall be conducted jointly by one member of management and one employee elected by the employees as their authorized representative.
- The employer shall document walk-around safety inspections and such documentation shall be available for inspection by personnel of the department of Labor & Industries.
- Records of the walk-around inspections shall be maintained by the employer until completion of the job.

The Safety Committee recommends each Monday at the weekly toolbox meeting, the attendees select an employee to complete the inspection along with the on-site project supervisor. The inspection form must be signed by both individuals. The inspections may be conducted more frequently, but at least once weekly.

Send the original inspection form to the corporate office each week. Keep the yellow copy at the job site for the duration of the project. These need to be available for inspections by Federal OSHA or State Plans.

CONDITIONS TO CHECK	YES	NO	NOT APPLICABLE	REMARKS
1. HOUSEKEEPING AND SANITATION				
a) General condition of the work area.				
b) Adequate trash removal.				
c) Floor openings covered or guarded.				
d) Passageways & exits free of clutter & material.				
e) There are no, no or full hazardous materials stored on stairways, all openings, etc.				
f) Adequate lighting.				
g) Adequate ventilation.				
h) Toilet facilities available.				
i) Drinking water and glass provided.				
j) Materials stored properly.				
k) Scrap controlled.				
l) Oil and grease cleaned.				
2. PERSONAL PROTECTIVE EQUIPMENT ISSUED AND USED AS DIRECTED				
a) Hard hats.				
b) Protective Glasses.				
c) Respirators.				
d) Hearing Protection.				
e) Clothing of employees proper.				
3. LADDERS AND SCAFFOLDING				
a) In good, serviceable condition.				
b) Properly positioned and secured at the top.				
c) Extend 3' above roof or platform, if used for access.				
d) Doors locked when open or guarded if in front of ladder.				
e) Electrodes only when used.				
f) Metal ladders not used for work in electrical areas.				
g) Sound, rigid ladders for all scaffolds.				
h) Safe access to all working levels.				
i) Scaffolds with limited guardrails, braces and diagonals.				
j) Protection provided where persons are required to work or pass under scaffolding in use.				
k) No accumulation of tools or materials on scaffolds.				
l) Scaffolds inspected & tagged.				
m) Self-inspected (inspected) types of scaffolds requiring maintenance and inspection.				
4. PORTABLE POWER AND HAND TOOLS				
a) General condition of tools.				
b) Proper tool being used for each job performed.				
c) Guards and safety devices are complete and in place.				
d) Guards and safety inspection and properly grounded.				
e) Tool inhibitors used on pneumatic tools, air pressure properly regulated.				
f) Check for pinch and shear points.				
g) No soil, handles, oil, tools, unbalanced heads.				
5. POWER-ACTUATED TOOLS				
a) All operators trained and certified.				
b) Tools and charges protected from unauthorized abuse.				
c) Loaded tools are not left unattended.				
d) All tools tested and inspected before daily use.				
e) Tools and charges matched to the recommended materials only.				
f) Safety goggles or face shields used by operators.				
g) Local requirements complied with.				
6. HEAVY EQUIPMENT AND VEHICLES				
a) Maintained properly.				
b) Qualified, licensed operators.				
c) Wheels chocked.				
d) Warning devices complete.				
e) Load limits observed.				
f) No unsafe hauling or disposal.				
7. HOISTING				
a) Hoisting checked.				



Job Number: _____
 Date: _____
 Completed By: (1) _____
 (2) _____
 Notes: _____

CONDITIONS TO CHECK	YES	NO	NOT APPLICABLE	REMARKS
b) Cranes, conveyors etc. checked.				
c) Load charts posted on each crane.				
d) Daily Operator inspection Records on each crane at all times.				
e) Tag lines used.				
f) Uniform signals utilized.				
g) Load limits observed.				
h) Power lines checked, rechecked.				
8. WELDING AND CUTTING				
a) Operators trained and certified.				
b) Personal protective equipment supplied and used.				
c) Fire extinguishers provided.				
d) Flammable materials protected.				
e) Gas cylinders secured.				
f) All things free of oil and grease.				
g) Flashback protection used.				
h) Proper gauge settings.				
i) All hoses, cables, and other equipment in good condition.				
9. ALL MATERIAL STORAGE AND HANDLING				
a) Material properly stacked on firm footing, properly labeled and tagged.				
b) Fire protection adequate.				
c) All rigging and lifting equipment properly maintained and inspected periodically.				
d) Employees loading and handling loads properly.				
e) Flammable liquids stored only in approved containers.				
f) Flammable gases properly stored.				
g) Adequate security measures.				
h) Explosives stored and handled to code.				
i) Qualified blower.				
j) Warning signs on all flammable-explosive material.				
k) Filling in down only.				
l) Explosives stored and handled to code.				
10. EMERGENCY PROCEDURES				
a) Emergency procedures are set up.				
b) Emergency procedures shall posted.				
c) Accidents recorded properly.				
d) No smoking signs posted.				
11. WEATHER PROTECTION				
a) Materials protected from rain and windstorms.				
b) Work during 1. Scaffolds braced to windstorms, rain, snow.				
12. ALL EMPLOYEES HAVE BEEN INSTRUCTED IN THE PROPER PROCEDURES FOR TAGGING AND LOCKING-OUT EQUIPMENT TO AVOID UNEXPECTED STARTUP.				
13. FIRST AID KITS ARE INSPECTED ON A REGULAR BASIS AND SUPPLIES ARE REPLENISHED AS NECESSARY.				
14. SPECIAL CHECKLISTS HAVE BEEN DEVELOPED AND IMPLEMENTED TO PROVIDE FOR THE INSPECTION OF HAZARDS NOT COVERED IN THIS GENERAL CHECKLIST.				
15. FILES FOR SAFETY MEETINGS, JOBSITE ACCIDENT PREVENTION PROGRAM AND MSDS COMPLETE ON JOBSITE AND AVAILABLE TO ALL EMPLOYEES.				
16. ALL EMPLOYEES HAVE RECEIVED REQUIRED MSDS/ FALL PROTECTION TRAINING.				
17. SAFETY BULLETIN BOARD.				

SAMPLE 2 PROTECT

INSTRUCTIONS FOR USING 'START CARDS'

Purpose:

A daily checklist for the foreman & crew to discuss hazards associated with the current day's work.

A daily checklist for the foremen to identify any hazards that need corrective action.

A daily checklist for the foreman to use so he/she will remember to provide the crew with necessary training or instruction.

Procedures:

Prior to the start of each shift, the foremen and crew uses the checklist to help identify hazards in the day's work area. If necessary, the foreman makes any necessary corrective action and/or provides instruction and training to the crew.

Documentation:

The crew must sign for any instruction or training that they receive.

The green cards are kept on file at the job site for the duration of the project.

✱



CHECKLIST (CONTINUED)

PROJECT: _____

SAFE TASK ANALYSIS RISK REDUCTION TALK

SUPERVISOR: _____

DATE: _____

JOB DESCRIPTION: _____

LOCATION: _____

DOES TASK REQUIRE SPECIAL TRAINING? Y N

(START CHECKLIST)

ELECTRICAL

LOCKED & TAGGED	Y	___	N	___
TRY & TEST	Y	___	N	___
DISCONNECTED	Y	___	N	___
BURIED ELECTRICAL	Y	___	N	___
OVERHEAD ELECTRICAL	Y	___	N	___
GFI ASSURED GROUNDING	Y	___	N	___

EMERGENCY EQUIPMENT

FIRE EXTINGUISHER Y ☐ N ☐

SAFETY SHOWER Y ☐ N ☐

EYEWASH Y ☐ N ☐

EXCAVATION

SHORED/SLOPED Y__ N__
LADDER PROVIDED Y__ N__
DAILY INSPECTION Y__ N__
ENTRY PERMIT Y__ N__
OPEN CUTS Y__ N__

HAZARDS:

(ENVIRONMENTAL)

AIRBORNE PART. Y ☐ N ☐

VAPORS Y ☐ N ☐

HOT/COLD SURFACES

HAZARDS (BODY)

FALL POTENTIAL	Y	___	N	___
PINCH POINTS	Y	___	N	___
ELECTRICAL SHOCK	Y	___	N	___
HOUSEKEEPING	Y	___	N	___
SLIP-TRIP	Y	___	N	___
FLYING PARTICLES	Y	___	N	___
THERMAL BURNS	Y	___	N	___
MANUAL LIFTING	Y	___	N	___
SHARP OBJECTS	Y	___	N	___

OR MATERIALS Y ____ N ____

NOISE Y N

PROPER EQUIPMENT

MAN LIFT	Y	___	N	___
PERSONAL BASKET	Y	___	N	___
FORKLIFT	Y	___	N	___
JLG. LIFT	Y	___	N	___
CRANE	Y	___	N	___
CHAINFALL	Y	___	N	___
HAND TOOLS	Y	___	N	___
HAND POWER TOOLS	Y	___	N	___
PROPER RIGGING	Y	___	N	___
CURRENT INSPECT.	Y	___	N	___

PERMITS

HOT WORK	Y	___	N	___
CONFINED SPACE	Y	___	N	___
BREAKING PROCESS	Y	___	N	___
EXCAVATION	Y	___	N	___
CRITICAL LIFT PLAN	Y	___	N	___
SOURCE IGNITION	Y	___	N	___
PERMIT DISPLAYED	Y	___	N	___
TRAFFIC PLAN	Y	___	N	___
ALL CONDITION MET	Y	___	N	___

OVERHEAD WORK OR
FLOOR OPENING

FIXED BARRICADES	Y	___	N	___
(TAPE) DANGER	Y	___	N	___
(TAPE) CAUTION	Y	___	N	___
BARRICADE TAGS	Y	___	N	___
SIGNS	Y	___	N	___
HOLE COVER	Y	___	N	___
HANDRAILS	Y	___	N	___
OPEN SHIFT	Y	___	N	___

TRAINING

SITE SPECIFIC

SAFETY PLAN Y ___ N ___

FALL PROTECTION PLAN Y ___ N ___

NEW HIRE Y ___ N ___

STANDBY PERSON

CONFINED SPACE Y ___ N ___
 FIRE WATCH Y ___ N ___

WELDING

SHIELDS	Y	N
FIRE BLANKET	Y	N
CYLINDERS SECURED	Y	N
COMBUSTIBLES MOVED	Y	N
SPARKS CONTAINED	Y	N
GROUND WITHIN 18"	Y	N

HAZARDOUS (CHEMICAL)

MSDS'S REVIEWED Y N

PERSONAL PROTECTIVE
EQUIPMENT

WORK GLOVES	Y	___	N	___
CHEMICAL GLOVES	Y	___	N	___
KEVLAR GLOVES	Y	___	N	___
RAIN GEAR	Y	___	N	___
RUBBER BOOTS	Y	___	N	___
MONO GOGGLES	Y	___	N	___
FACE SHIELD	Y	___	N	___
FRESH AIR FAN	Y	___	N	___
EAR PROTECTION	Y	___	N	___
SAFETY HARNESS	Y	___	N	___
BURNING GOGGLES	Y	___	N	___
HARDHAT	Y	___	N	___
TRAFFIC VEST	Y	___	N	___
SAFETY GLASSES	Y	___	N	___
RESPIRATOR	Y	___	N	___
OTHER				

EMPLOYEES NAME

EMPLOYEE SIGNATURE

[illegible][illegible]

G.F. / SUPERVISOR / LEADPERSON INITIALS

HCCBC 73-00R

Front

Back



EMERGENCIES AND ACCIDENTS PROCEDURES

- In the event of an emergency-follow the "Site Specific" Emergency Action Plan. Notify the DBM/CM project supervisor at the first appropriate opportunity.
- In the event of an accident, notify the DBM/CM project supervisor at the first appropriate opportunity. A written incident report must be submitted to the DBM/CM project supervisor within 24 hours of the incident. Forms may be obtained from the project supervisor.
- Employees involved in a work-related accident are required to be drug tested immediately. See the project supervisor for instructions. Failure to comply may result in termination. (See "Drug-free Workplace" policy)
- All accidents will be fully investigated. The project supervisor has complete authority to take corrective action necessary to prevent future accidents and/or safety violations. *Employees are encouraged to contact a member of the Safety Action Committee of any concerns or complaints.*
- Injured workers are expected to accept temporary, modified, or light duty work if appropriate. (See-"Return to Work Program").

Industrial Insurance Program

It is the intention of Donald B. Murphy Contractors, Inc. to fully comply with the Industrial Insurance laws that help injured workers maintain economic and job security.

For the well-being of both the employee and DBM/CM, it is our goal to see injured workers experience a speedy recovery and return to their job at injury at the earliest appropriate time.

To assure each worker's compensation claim is handled efficiently, it is important for each employee to notify their Supervisor or a member of the Safety Committee *prior* to opening a worker's compensation claim. DBM Contractor's has several insurance programs and we will be able to direct the employee to the proper insurance carrier.

Return to Work Program

Employees that are unable to return to their job at injury due to a work related industrial injury, are expected to accept transitional, modified, or light duty work during their recovery. DBM/CM will work with the attending physician(s) to assure a program is developed for each individual case. Once specific duties have been approved by the attending physician, DBM/CM will notify the employee of the job offer. DBM/CM'S "Return to Work Program" provides an opportunity of meaningful employment until the recovering employee can return to their job at injury, return to a modified position, or be retrained in another position.

If there are any questions about the "Return to Work Program", please contact the "RTW" Coordinator: Sue Wolf (253) 838-1402 or (253) 927-8510.

Records

All corporate safety and health records are located at the Federal Way, WA Corp. Office. These records include, but are not limited to: OSHA 200 LOG, OSHA/WISHA citations and inspections, individual medical records, master MSDS, files, etc.

EQUIPMENT OPERATION

Only qualified operators are allowed to operator DBM/CM equipment or vehicles (owned, rented, or leased). Please refer to the *Fleet Safety Program* for more information.

General Rules:

- DBM will request an abstract of driving record on each employee that regularly drives or operates equipment for DBM. A review of the driving records will be done least once annually. DBM will notify the employee by sending out an authorization to obtain the record. Employees have the right to refuse this request. Employees that do not return the authorization form will be notified in writing that they are not authorized to operate or drive equipment for DBM.
- Each Employee is responsible for properly maintaining the vehicle assigned to them.
- Report any malfunctions, concerns, or damage to appropriate personnel.
- All vehicles must be currently licensed with proof of insurance.
- All vehicles and job sites are required to have first aid kits at all times.
- Each employee that drives or operates DBM equipment is responsible for keeping his license valid with appropriate endorsements.
- Each employee that drives or operates DBM equipment, must notify the SAC of :
 1. Any citations received in a company vehicle-
 2. If a DBM Vehicle or piece of equipment is involved in an accident-
 3. Or if at anytime (whether at work or not) the employee receives a DWI-Reckless Driving citation-Hit & Run Citation or felony conviction.
- Seat belts must be worn at all times.
- Employees that drive company vehicles are expected to be courteous, act professional and follow the rules of the road.

Procedures for Equipment Accidents-Near Misses- or Property Damage

- Notify the project foreman or the safety committee immediately of any accident, incidents, or near misses. Under no circumstances, should more than 24 hours pass without proper notification.
- Assist the Jobsite Supervisor/Safety Committee with preparing and documenting a complete accident investigation. Take pictures, get written and/or verbal statements from witnesses.
- Complete appropriate DBM/CM form:
Equipment/Material accident/incident Public Property accident/incident
(Turn all documentation into Safety Committee or on site supervisor)

ALL INCIDENTS AND CITATIONS MUST BE REPORTED!!!!

(no matter how minor)

SUPERVISOR'S REPORT OF ACCIDENT

Injured Workers (IW) Name _____

Supervisor's Name: _____

Date of Accident: _____ Time of accident: _____ Job # _____

Project Name: _____ Witness(s): _____

Describe Injuries: (Detailed description of *all* injuries resulting from this accident)

Was First Aid Administered? _____ If "yes", by whom? _____

If not, why? _____

Did you use protective equipment (Gloves, Shield, Mask) _____

Did IW receive *other* medical treatment? _____. If "yes" Where? _____

How and by who was IW transported? _____

Describe the accident in detail (attach investigation report if applicable)

Was the IW performing their regular line of work duties? _____

After the investigation, what do you feel was the cause of this incident?

What corrective action has been taken? _____

Was there an accident prevention plan in place to prevent this type of accident or incident? Yes _____ No _____

If "yes" why did the accident happen anyway? _____

If "No" do you now have an accident prevention program to address this situation? Explain: _____

Please attach all photos/investigation/witness statements, etc

Signature: _____ Date: _____

(On Site Supervisor)



EMPLOYEE'S STATEMENT OF ACCIDENT

This form is designed to assist the DBM/CM Safety Committee in identifying hazards in the work place and claims management. Information on this form is also used for OSHA Recording Purposes.

Injured Workers (IW) Name _____
Date of Accident: _____ Time of accident: _____ Job Number: _____
Project Name: _____ Witness(s): _____

Describe Injuries: (Detailed description of all injuries resulting from this accident)

Is this a re-injury? _____ If "yes" explain: _____
Was First Aid Administered? _____ If "yes", by whom? _____
Did he/she use protective equipment (Gloves, Shield, Mask) _____
Did you receive other medical treatment? _____ If "yes" Where? _____

Name of the Attending Physician: _____ Phone # () _____
How was this Physician Referred to you? _____
How and by who were you transported? _____
Describe Medical Treatment: _____

Are follow up treatments required? _____
Is this injury expected to be a time loss claim? _____
Are you willing to accept light duty if it is medically approved? _____
Describe the accident in detail (attached additional pages if necessary)

Are you aware of the corrective action that has been taken? _____ Do you agree with it? (Explain) _____

Do you have any questions regarding your Workers Compensation Benefits? If "yes" List:

Do you understand your responsibilities as an employee during your recovery? _____
Do you understand the DBM/CM Return to Work Program? _____
If you answered "No" to either of the two questions above, please refer to your employee new hire/orientation package or call Personnel at:
(253) 838-1402 (Seattle) or (253) 927-8510 Tacoma

Is there any further information you feel we should know to help us manage your workers compensation claim? _____

Please attach any comments or suggestions you may have to assist us in our preventative action program.

Signature: _____ Date: _____
(Injured Worker)



Donald B. Murphy Contractors, Inc
Accident Investigation

Job Name _____ Job Number _____

Report Taken By: _____ Date: _____

Date of Incident: _____ Time: _____ AM PM _____

Exact location of accident: _____

Weather Conditions: Clear /Sunny { } Overcast { } Rain { } Fog { }

Temperature: Hot { } Warm { } Cold { } Freezing { }

Ground: Dry { } Wet { } Ice { } Snow { } Mud { }

Name(s) of Personnel Involved: _____

Name(s) of Non-Employees Involved: _____

Equipment involved (include ID#) _____

Is Equipment still in operation? _____

Explain how the incident happened: _____

When was the On Site Supervisor notified? _____

Describe in detail, injuries and/or damage to the equipment/material:

Have you taken corrective action to prevent future incidents of this type?
Explain: _____

Did the employee(s) involved get drug tested? _____
(if no... *do it now*)



Was anyone injured? _____ Names: _____

If all parties are employees, attach the Supervisor's report of accident, and employee statement of accident forms and skip the rest of this page.

If there are parties that are not employees, please answer the following questions and have them complete the witness statement on next page.

1. Name, Address, Phone Number, Date of Birth: _____

• Describe the injuries: _____

(include exactly what parts of the body are injured-ie left foot, right eye)

• Was medical treatment administered? _____ If yes by whom? _____

• Was injured party taken to the hospital? _____ If yes by whom? _____

2. Name, Address, Phone Number, Date of Birth: _____

• Describe the injuries: _____

(include exactly what parts of the body are injured-ie left foot, right eye)

• Was medical treatment administered? _____ If yes by whom? _____

• Was injured party taken to the hospital? _____ If yes by whom? _____

Witness Statements

Date: _____ Time: _____

Report taken By: _____

Witness Name: _____

Address: _____ Phone # () _____

Describe what you were doing at the time of the accident? _____

Where were you located in connection to the accident? _____

Did you see the accident? _____

If Yes, what did you see? _____

What damage or injuries did you see? _____

What do you think caused the accident? _____

Did you speak with the parties involved, and if yes, what did they say?

List by name, or description of party (ie man in blue car) _____

Are you aware of any other witnesses? _____ Who? _____

Please add any comments: _____

Signature: _____ Date: _____

(Witness)



Witness Statements

Date: _____ Time: _____

Report taken By: _____

Witness Name: _____

Address: _____ Phone # () _____

Describe what you were doing at the time of the accident? _____

Where were you located in connection to the accident? _____

Did you see the accident? _____

If Yes, what did you see? _____

What damage or injuries did you see? _____

What do you think caused the accident? _____

Did you speak with the parties involved, and if yes, what did they say?
List by name, or description of party (ie man in blue car) _____

Are you aware of any other witnesses? _____ Who? _____

Please add any comments: _____

Signature: _____ Date: _____

(Witness)



Witness Statements

Date: _____ Time: _____

Report taken By: _____

Witness Name: _____

Address: _____ Phone # () _____

Describe what you were doing at the time of the accident? _____

Where were you located in connection to the accident? _____

Did you see the accident? _____

If Yes, what did you see? _____

What damage or injuries did you see? _____

What do you think caused the accident? _____

Did you speak with the parties involved, and if yes, what did they say?
List by name, or description of party (ie man in blue car) _____

Are you aware of any other witnesses? _____ Who? _____

Please add any comments: _____

Signature: _____ Date: _____

(Witness)



Donald B. Murphy Contractors, Inc
Report of Equipment/Material Damage or Accident

Job Name _____ Job Number _____

Report Taken By: _____ Date: _____

Date of Incident: _____ Time: _____ AM ___ PM ___

Weather Conditions: Clear /Sunny { } Overcast { } Rain { } Fog { }

Temperature: Hot { } Warm { } Cold { } Freezing { }

Ground: Dry { } Wet { } Ice { } Snow { } Mud { }

Name of Operator (if applicable): _____

Equipment involved (include ID#) _____

Is Equipment still in operation? _____

Explain how the incident happened: _____

Was anyone injured? _____ (If yes, complete report of accident forms)

In your opinion, what was the cause of the incident? _____

Describe in detail, damage to the equipment/material: _____

Have you taken corrective action to prevent future incidents of this type?
Explain: _____

Witnesses: _____

Did the employee(s) involved get drug tested? _____ (if no, do it now)

Foremen/Superintendents Signature: _____ Date: _____

Employees involved Signature(s): _____ Date: _____



Equipment:

Name of Operator/Driver: _____

Address: _____ Phone: () _____

Qualifications: _____

Employed with DBM? _____ How long? _____

Describe Equipment involved: _____

Color _____ Year: _____ Make: _____ Model: _____

DBM ID# _____ Serial Number: _____

Is the equipment: Still in use? _____ Red Tagged? _____

Is the equipment: DBM Owned? _____ Rented? _____ Leased? _____

Did equipment have any recent mechanical problems, malfunctions, or failures? _____ Describe: _____

Was the equipment faulty or malfunctioning at the time of the accident?

When was the last date of inspection on this piece of equipment? _____

Comments:

Signature: _____ Date: _____

Attach copies of the equipment maintenance records/inspection reports

Attach follow up inspection/maintenance reports



This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There is no handwriting or printed text on the paper. A small dark speck is visible near the top right edge.

EMERGENCY INFORMATION

	PHONE NUMBER
DOCTOR:	911
AMBULANCE:	911
HOSPITAL:	911
SHERIFF:	911
FIRE DEPARTMENT:	911
JOB SITE ADDRESS:	Approx. 15 miles North of Orem, Utah on SR 189
JOB PHONE NUMBER:	Not available at this date.
DATE:	March 18, 2002

***ALL SERIOUS AND FATAL INJURIES MUST BE REPORTED TO THE
DIVISION OF INDUSTRIAL SAFETY AND HEALTH IMMEDIATELY!***

JOB SITE EMERGENCY ACTION PLAN

- List of all trained CPR/First Aid Individuals on site:

- **Location of First Aid Equipment:**

- **Location of Fire Extinguishers:**

- Describe procedures for removal of injured workers from hazardous areas of the job site: (Describe in detail):

[illegible]

- **Emergency Evacuation Plan: (Describe) –**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

A copy of this work plan will be posted on site for the duration of the job. All personnel will be made aware of this work plan and understand it.

1150

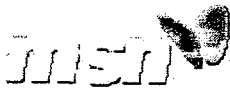
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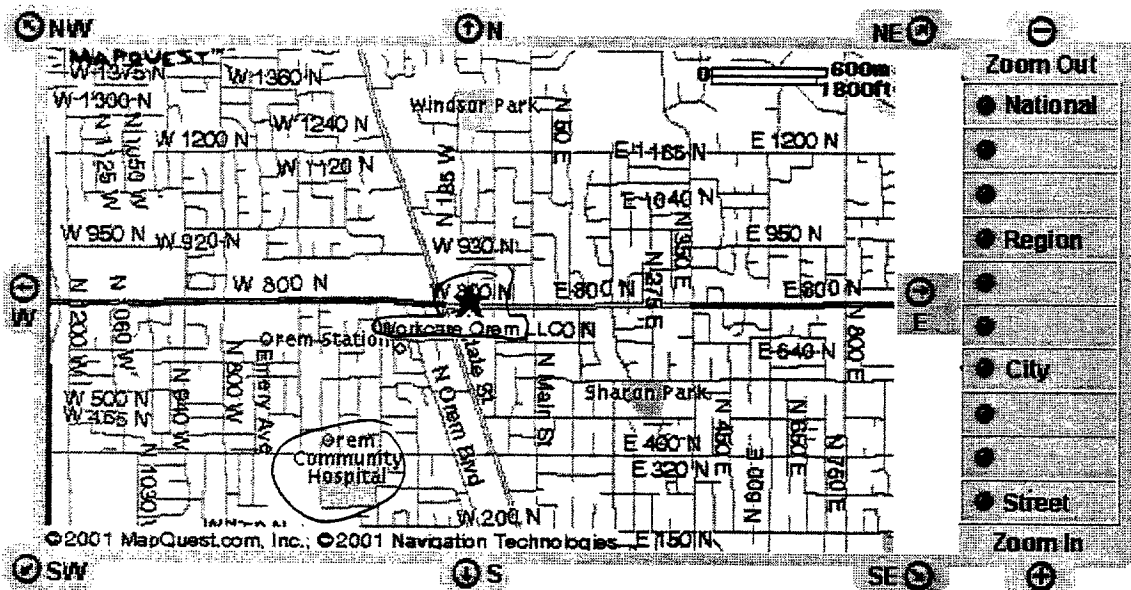
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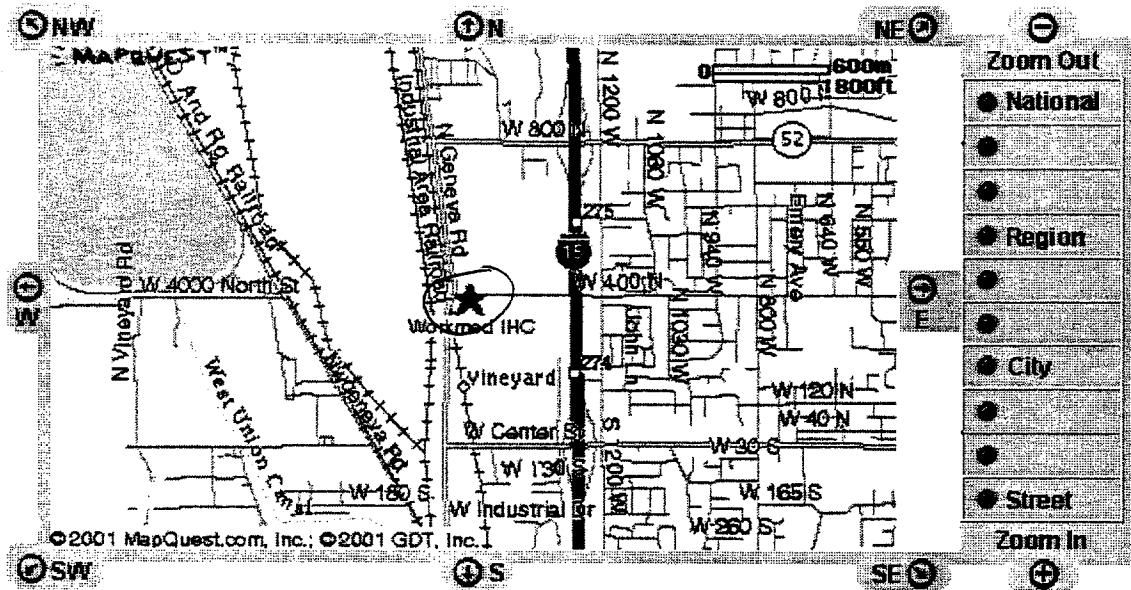
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WorkMed 505 W. 400 N. Orem UT 84057
801-714-3200



Alaska National

INSURANCE COMPANY

October 19, 2001

Donald B. Murphy Contractors, Inc.
Attn.: Tom Armour
P.O. Box 6139
Federal Way, WA 98063

Dear Tom:

We are pleased that your company has chosen to insure with Alaska National Insurance Company and we look forward to a long and successful association.

I am enclosing a supply of various State Act claim forms that may be needed. Instructions for filling out the injury reports are attached. Please note that these forms should be completed as soon as you have knowledge of an injury to avoid penalties as we have only 14 days from the date of injury to issue the first time loss check. If you need more forms, they may be obtained by calling the Seattle Claims Department. Also, have the injured worker complete the Consent to Release Information form.

The enclosed employer's notice forms must be posted conspicuously at each work location in order for you to conform with state and federal law. Photocopies can be used if more notices are needed.

Injury reports should be faxed or sent to:

Claims Department Attn: Ann Hawks
Alaska National Insurance Company
1111 Third Avenue, Suite 2600
Seattle, Washington 98101
Phone: (206) 292-6360
Fax: (206) 343-4599

Ann Hawks is the claims manager and will supervise all files. Claims should be faxed or mailed to her and she will immediately assign them for Adjusting.

Sincerely,

Gary B. Oehler

Gary B. Oehler
Executive Vice President

Encls.

cc: Bratrud Middleton Insurance - Tricia Hendrickson
GAB Robins North American, Inc. (ID, OR)
Policy file
Claim file
Loss Control

Site Specific Accident Prevention Programs Check List

The accident prevention programs that are required on this project have a check marked next to the program name:

Assured Grounding:	X
Bloodborne Pathogens:	_____
Confined Space Entry:	_____
Emergency Action Plan:	X
Excavation/Shoring Plan:	_____
Fall Protection Work Plan:	X
Hearing Conservation Plan:	X
Lead Abatement Program:	_____
Lock/out Tag/out:	_____
Power Line Safety:	X
Respirator Protection Plan:	_____
Scaffold Erection:	_____

Right to Know (MSDS-Chemical Hazard Communication): X

Other:

FALL PROTECTION

Safety Policy Statement For Required Use of All Fall Protection Systems and Equipment

Any and all supervisors or employees of DBM/CM who are exposed to a fall of 6' or more, which is not already guarded by proper handrails or netting, shall wear and use applicable safety belts, harnesses, lanyards, and any other fall protection safety equipment, regardless of the nature of their work.

Employees having read this policy or employees having been directed to use such fall protection safety equipment, shall without further reminder apply this policy to their daily work efforts. 100% tie-off is required at all times, including a double lanyard system when applicable.

All required fall protection equipment shall be provided by DBM/CM and shall be made available to all employees. Any employee who is observed not using the provided safety equipment, may be terminated immediately for noncompliance of this company safety policy.

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

100% TIE-OFF

FALL PROTECTION TRAINING PROGRAM

Prior to the beginning of each project, a hazard analysis will be conducted to determine the exposure of each project.

The on-site supervisor will prepare a fall protection work plan for the project, then thoroughly train each individual employee.

Each employee will be given practical instructions in the proper placement, use, care, storage and inspection of all fall protection safety equipment.

This training will be documented in writing and attached to the site specific fall protection work plan.

Supervisor's Check list:

- Identify the hazards on the job
- Write a site specific fall protection work plan (SS FPWP)
- Instruct each employee on the SS FPWP
- Instruct each employee on the *Corporate* Fall Protection Policy
- Have each employee sign the SS FPWP and Corporate Fall Protection Policy Statement
- Demonstrate proper use, care, and inspection of the Fall Protection Safety Equipment
- Document all training on the SS FPWP
- Post the written SS FPWP and instruct all employees of the location.

FALL PROTECTION WORKSHEET
(Complete for each operation)

Job No.: 867-02

Location: Utah

Date: 3-18-02

1. Fall Hazard: Fall from a boomlift.

2. Location: Job Site.

3. Fall protection used: Full body harness attached to a shock absorbing lanyard attached to anchor point.

4. How will employees be protected from falls while installing the fall protection system, and how will the system be installed? System will be attached from ground.

5. How and when will the fall protection system be inspected and maintained? Daily

6. Who will inspect the fall protection system and equipment? By the employee using the equipment.

7. How will overhead protection be provided, and who will be below this operation? Employees will be instructed to stay out of area below lifts. Employees will all wear hard hats.

8. How will injured workers be removed from elevated or below-grade locations?

When a fall occurs, the emergency action plan will be implemented. The superintendent or foreman will take charge of the accident site. All equipment and resources will be utilized for the rescue.

- A. 911 will be called and the safety person will be called.
- B. The accident trauma kit will be used.
- C. Trained people will provide first aid.
- D. All rescuers will be protected from fall hazards. No exceptions.
- E. A person will be instructed to go to the jobsite entrance to guide the Fire Department into the site. When they arrive, they will be in charge. Whatever manpower or equipment they need will be at their disposal.
- F. All operators will remain with their equipment.
- G. The Fire Department will be in charge of the rescue. A basket-type stretcher with a four-part bridle, and a fail-safe strap through the eyes in addition to the common ring, and a length of $\frac{3}{4}$ inch rope long enough to reach the ground or next floor down with elevator or stairway access will be available on site. The Fire department will determine the best method of removal of the patient.
- H. Ground controls will be used.

9. How will tools and materials be secured? Hand tools will be placed in a bucket or bag that will be in the man lift. Large tools used outside of lift will be tied off to the lift.

10. Have employees been trained in the fall protection program, and are training records on site? When operations start.

FALL PROTECTION WORKSHEET
(Complete for each operation)

Job No.: 867-02

Location: Utah

Date: 3-13-02

1. Fall Hazard: Fall from top of wall.

2. Location: Top of rock or shotcrete wall.

3. Fall protection used: Full body harness with self retracting life lines. Drop lines and static lines. All anchors will be rated for 5000 pounds per employee.

4. How will employees be protected from falls while installing the fall protection system, and how will the system be installed? Temporary restraining systems used for fall protection will be installed from man-lifts and man-baskets.

5. How and when will the fall protection system be inspected and maintained? Daily

6. Who will inspect the fall protection system and equipment? The on site designated competent person.

7. How will overhead protection be provided, and who will be below this operation? Worker will wear hard hats and the area below will be a limited access zone.

8. How will injured workers be removed from elevated or below-grade locations?

When a fall occurs, the emergency action plan will be implemented. The superintendent or foreman will take charge of the accident site. All equipment and resources will be utilized for the rescue.

- A. 911 will be called. The safety person will be called.
- B. The accident trauma kit will be used.
- C. Trained people will provide first aid.
- D. All rescuers will be protected from fall hazards. No exceptions.
- E. Someone will be instructed to go to the jobsite entrance to guide the Fire Department into the site. When they arrive, they will be in charge. Whatever manpower or equipment they need will be at their disposal.
- F. All operators will remain with their equipment.
- G. The Fire Department will be in charge of the rescue. A basket-type stretcher with a four-part bridle, and a fail-safe strap through the eyes in addition to the common ring, and a length of $\frac{3}{4}$ inch rope long enough to reach the ground or next floor down with elevator or stairway access will be available on site. The Fire department will determine the best method of removal of the patient.
- H. Ground controls will be used.

9. How will tools and materials be secured? Small tools will be in a tool pouch or belt.
Large tools will be secured to a separate anchorage point by a strap or rope.

10. Have employees been trained in the fall protection program, and are training records on site? _____

FALL PROTECTION WORKSHEET
(Complete for each operation)

Job No.: 867-02

Location: Utah

Date: 3-13-02

1. Fall Hazard: Fall from a crane suspended basket.

2. Location: Job Site.

3. Fall protection used: Full body harness attached to a lanyard that is attached to the basket.

4. How will employees be protected from falls while installing the fall protection system, and how will the system be installed? Attached while on the ground.

5. How and when will the fall protection system be inspected and maintained? Daily

6. Who will inspect the fall protection system and equipment? Inspected daily by each employee.

7. How will overhead protection be provided, and who will be below this operation?
Each employee will wear a hard hat. Employees will be instructed to stay out of the area below the crane suspended man-baskets.

8. How will injured workers be removed from elevated or below-grade locations?

When a fall occurs, the emergency action plan will be implemented. The superintendent or foreman will take charge of the accident site. All equipment and resources will be utilized for the rescue.

- A. 911 will be called. The safety person will be called.
- B. The accident trauma kit will be used.
- C. Trained people will provide first aid.
- D. All rescuers will be protected from fall hazards. No exceptions.
- E. Someone will be instructed to go to the jobsite entrance to guide the Fire Department into the site. When they arrive, they will be in charge. Whatever manpower or equipment they need will be at their disposal.
- F. All operators will remain with their equipment.
- G. The Fire Department will be in charge of the rescue. A basket-type stretcher with a four-part bridle, and a fail-safe strap through the eyes in addition to the common ring, and a length of $\frac{3}{4}$ inch rope long enough to reach the ground or next floor down with elevator or stairway access will be available on site. The Fire department will determine the best method of removal of the patient.
- H. Ground controls will be used.

9. How will tools and materials be secured? In a bucket that is secured in the man-basket. Large tools will be secured with a rope or strap.

10. Have employees been trained in the fall protection program, and are training records on site? _____

PAGE ____ OF ____

JOB NO. _____

FALL ARREST:

TYPE OF HARNESS: _____

S/N _____ S/N _____ S/N _____

S/N _____ S/N _____ S/N _____

S/N _____ S/N _____ S/N _____

STORAGE LOCATION: _____

TYPE OF LANYARDS: _____

S/N _____ S/N _____ S/N _____

S/N _____ S/N _____ S/N _____

S/N _____ S/N _____ S/N _____

STORAGE LOCATION: _____

ANCHORS:

TYPE: _____

INSTALLATION: _____

TYPE OF PROTECTION PROVIDED DURING ASSEMBLY AND DISASSEMBLY: _____

LIFE LINES:

TYPE: _____

OTHER TYPE OF EQUIPMENT USED: _____



CHEMICAL HAZARD COMMUNICATION PROGRAM

In 1985 a federal law was developed to notify employees of chemical hazards in their workplace, the common term for this law is "Right to Know". The purpose of this law is to make every employee aware of the hazardous chemicals that they work with. The law is complex.

DBM/CM has written a chemical hazard communication program. The written program is available to every employee at their request to his/her supervisor, or by contacting a member of the company safety committee (253) 838-1402.

The key to making this program work is by everyone cooperating and following the directions in the manual. Through the written program and supervisor/employee training and instruction, we can provide all employees with a safer place to work.

HOW WE COMPLY WITH THE LAW

DBM/CM has taken inventory of all products used by DBM/CM and has *Material Safety Data Sheets* (MSDS) on those products and any new items as they are purchased. *Data Sheets* are used to disseminate information to the field and to individual employees about products they work with that contain hazardous materials. The law requires that chemical manufacturers furnish a MSDS for each product and ensure that all containers for chemicals are properly labeled. It takes cooperation to make sure we have *Data Sheets* on hand for all products on site, as some may have been overlooked. If you are aware of any products that we don't have *Data Sheets* on, fill out a "Request for Data Sheet" form and send it to the "DBM Purchasing Agent". DBM regularly updates the inventory and the following procedures must be used to keep our MSDS files current:

- When we buy new products, make sure we get *Data Sheets* from the supplier. If you are unable to obtain them fill out a "Request for Data Sheet" form and send it to the DBM Purchasing Agent. The master data sheet file will be kept by the Safety Committee.
- When Job Superintendents receive *Data Sheets* on site, they must make a copy and send them to the Safety Committee for review and disseminate the information out to the field. The Safety Committee, when in receipt of new *Data Sheets*, will include them in the master files and in the proper alphabetical order by common name.
- *Data Sheets* are used to disseminate information to employees about the products they work with. These *Data Sheets* must be made available upon request to any employee within the same work shift. If an employee requests a data sheet on a particular product that the Foreman is unable to provide, contact the Chairman of Safety Committee. The Chairman will see that the information is obtained.

-HAZARDOUS COMMUNICATIONS-

EMPLOYEE TRAINING

- Each employee will be instructed on how to obtain an MSDS during new employee orientation.
- A sample "Material Safety Data Sheet" will be given to each employee.
- The use of personal protective equipment will be explained.
- How to minimize exposure will be explained to each employee.
- What to do if they are exposed to any chemical will be explained to each employee.
-

EMPLOYEE INFORMATION

- To obtain an MSDS on any product you work with all you need to do is ask your Supervisor or call the Chairman of Safety Committee.
- The use of personal protective equipment is mandatory when required by the manufacturer, and is recommended whenever you are working with hazardous chemicals.
- How to minimize exposure to chemicals:
 - Use personal protective equipment.
 - Use products in open air - or get ventilation or breathing apparatus (if fumes are toxic).
 - Don't work with chemicals if you have open wounds or abrasions.
 - After you have worked with hazardous chemicals, clean hands prior to eating.
 - If anyone is exposed to any product or chemical on site, contact your Supervisor at once, obtain a copy of the MSDS of the product they were exposed to and follow the instruction under Section III.
 - Administer first-aid immediately, if needed. Call for professional help. When the medical personnel arrive, give them a copy of the MSDS for the product they were exposed to.

EMPLOYEE REQUEST FOR DATA SHEETS

- When an employee requests a data sheet, it must be made available to him during the same work shift. If the Foreman/Supervisor does not have it on site, they must contact the Safety Office with the information about the product. Include the name (correct spelling) and the manufacturer's address and telephone number, if available.
- The request to review Data Sheets can be made verbally to a supervisor or a member of the Safety Committee. At any time or in the event of an emergency, Superintendents or employees may obtain MSDS information by phone or fax. Call DBM's main office at (253) 838-1402 (Seattle), 927-8510 (Tacoma), or 1-800-562-9629. Ask for the Chairman of Safety Committee or the Purchasing Agent. If neither of those individuals are available tell the receptionist that you want an MSDS and she will forward your call to the designated employee who can help you.

REQUEST FOR MATERIAL SAFETY DATA SHEET

Product Name: _____

DBM purchased from: _____

Manufacturer: _____

Address: _____

Phone: _____

Person Making request: _____

Job Name and Number: _____

Date: _____

If available, please attach a copy of the label

MATERIAL SAFETY DATA SHEET (MSDS)

Each material safety data sheet has eight sections:

Section I: Basic information, such as the manufacturer's address and phone number, the chemical name and common name (for example: ethly glycol-*antifreeze*), the chemical family and formula.

Section II: Identifies the hazardous ingredients, including their chemical and common names, percentage and permissible exposure level (the allowable limit for exposure during an eight-hour day). Also listed are any carcinogenic ingredients, their chemical and common names, percentages and the name of the study that determined the chemical was a carcinogen.

Section III: Health Hazard data is the one most likely to effect the employee. This sections tells what acute and chronic health effects may result from exposure, their route of entry (examlle: lungs, skin, eyes) existing medical conditions that may be aggravated by exposure to the chemical and first aid procedures. The information on the first aid includes what the victim can do for him or herself and the care you must administer to someone overcome by exposure.

Our knowledge of the first aid skills and cardiopulmonary resuscitation will have to be honed to a fine edge, enabling us to provide excellent care, not just 'adequate" care.

Section IV: Chemical data, such as the boiling point, specific gravity, vapor density, percent volatile by volume, odor and solubility in different solvents.

Section V: Information for fire fighting, such as the flash point, explosion hazards, materials and conditions to avoid, stability and whether hazardous polymerization could occur.

Section VI: Procedures to be taken in the event of a spill or leak and proper waste disposal.

Section VII: Protective equipment and methods of controlling the work area.

Section VIII: The last section covers special precautions, storage and handling with special instructions for maintenance workers.

All sections of the MSDS may not apply to all hazardous chemicals. If a section is not applicable to a certain chemical, it will either be left blank, or delete from the MSDS.

If you have any question, please contact a member of the DBM Safety Action Committee
Seattle (253) 838-1402 Tacoma (253) 927-8510

CONTAINER LABELING

DBM verifies all products or chemicals have hazard warning labels attached to the container. The minimum information required is the appropriate hazard warning whether it is flammable or a toxic, and the name and address of the chemical manufacturer or importer.

Portable Containers: Example: A barrel of form oil in the warehouse that is distributed to several different job sites in 5 gallon buckets... DBM makes sure we label the five gallon buckets individually as to their contents. If for example, that same 5 gallon of oil, is on a particular job site and an individual takes part of that bucket then fills a 1 gallon bucket, no further labeling is required provided the oil will not be stored. Day to day usage is acceptable without labeling the individual containers.

However, if you are placing the product in a smaller container, and it will be used/stored over a period of time, the container must be labeled.

It is the job site Superintendent/Foremen's responsibility to ensure that someone is designated to label the materials.

For more information on Hazardous Communications: The Right to Know Law please refer to the chapter located in the new employee handbook "Keller's Official OSHA Construction Safety Handbook" or contact a member of the DBM Safety Action Committee.

Bloodborne Pathogens

Definition:

Bloodborne Pathogens- Pathogenic microorganisms that are present in the human blood and can cause disease in humans. These pathogens include, but are not limit to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

General:

Universal precautions shall be observed to prevent contract with blood or other potentially infectious material. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infections materials.

Training:

First Aid training will be available to all employees at least once annually at no cost to the employee. Training will include proper procedures when possible exposure to Bloodborne Pathogens exists.

Prevention:

All First Aid kits will be kept supplied with at least one pair of disposable gloves, microsheid, and antiseptic wipes. The employee in which the first aid kit is assigned to, is responsible for requesting replacement supplies as needed.

Exposure:

Exposure may occur when treating another person that has been involved in an accident or sustained an injury. If the possibility of contact with the other person's body fluid exists, protective equipment must be worn (Gloves, Microsheid).

If during the course of employment, contact is made, it must be reported immediately to a member of the Safety Committee. It may be recommended that a Hepatitis B Vaccination be administered. This will be at the cost of DBM/CM. If the exposed individual declines, he/she will be asked to sign a declination statement. (WAC 296-62-08050).

Hearing Conservation Program

Donald B. Murphy Contractors, Inc., monitors sound levels and employee(s) exposure equal or exceeding 8-hour time-weighted average of 85 dBA.

Each employee is issued an employee handbook to assist them in understanding the regulations. Additional training is provided periodically during weekly toolbox meetings.

Hearing protection is mandatory protective equipment on projects determined to reach or exceed 85 dBA. These protectors are provided by DBM/CM at no charge to the employee.

DBM/CM encourages hearing protection to be worn at all times and provides them to all employees upon request.

Hearing Conservation Standards, medical records, and records of exposure measurement testing, are available for review at the DBM/CM corporate offices located at:

1220 S. 356th
Federal Way, WA 98003
Phone (253) 838-1402

Hearing Protection is mandatory on this project: _____ Yes
(Supt initials)

If not: please refer to the information below:

Testing

Project Name: _____ Job Number: _____

Date of Testing: _____ Time of Test: _____

Equipment used: _____

Describe Exposures (Noises):

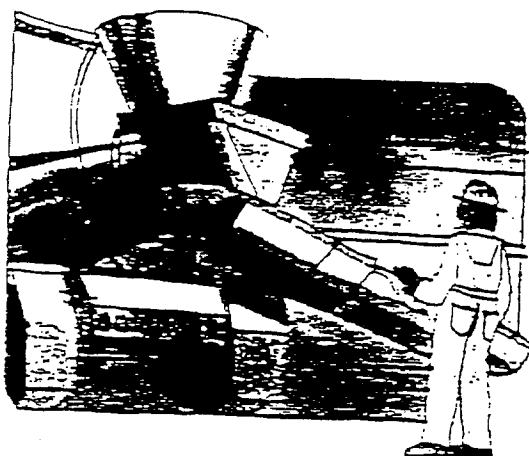
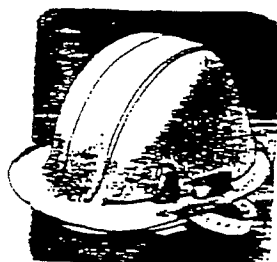
Results: _____

Test Performed by: _____

(Signature)

ALL EMPLOYEES ARE ISSUED THIS HANDBOOK, AND RECEIVE
TRAINING ON THE SAFETY TOPICS LISTED ON THE FOLLOWING PAGE

Keller's Official OSHA Construction Safety Handbook



J. J. Keller
& Associates, Inc.

EMPLOYEE'S RECEIPT

I acknowledge receipt of Keller's Official OSHA Construction Safety Handbook, which covers 12 different safety topics. These topics include the following:

- Confined Space Entry (1926.21, .154, .651, .353)
- Electrical Safety (1926.400-.449)
- Emergency Response (1926.35)
- Excavations (1926.650-.652)
- Fall Protection (1926.500-.503)
- Scalloids (1926.451-.453)
- Ladders (1926.1050-.1060)
- First Aid & Bloodborne Pathogens (1910.151, .1030)
- Hazard Communication (1926.59)
- Lifting Techniques
- Lockout/Tagout (1926.417, .702)
- Personal Protective Equipment
- Eye Protection (1926.102)
- Foot Protection (1926.96)
- Head Protection (1926.100)
- Hearing Protection (1926.101)
- Site Safety & Security (1926.25, .250, .252)
- Tool Safety (1926.300-.307)

REMOVABLE PAGE - PULL SLOWLY FROM TOP RIGHT CORNER

NAME _____

DEPARTMENT _____

J. J. Keller & Associates, Inc.

3003 W. Breezewood Lane, P. O. Box 368

Neenah, Wisconsin 54957-0368

USA

Phone: (414) 722-2848

Employee's Signature _____ Date _____

Company _____

Company Supervisor's Signature _____

NOTE: This receipt shall be read and signed by the employee. A responsible company supervisor shall countersign the receipt and place it in the employee's train-

ACKNOWLEDGEMENT OF POWERLINE SAFETY TRAINING

- Review of DBM Powerline Safety Policy. (Attached)
- Review of Employee Hand Book, chapter on Electrical Safety (Keller guide)
- Review of DBM's 60 Rules for safe operation of cranes
- No employee shall engage in any excavation, construction, drilling, or other operation, unless and until danger from accidental contact with said electrical conductors has been effectively guarded by **de-energizing the circuit and grounding it.**
- In work areas where the exact location of underground electric powerlines is unknown, no activity that may bring employees into contact with those powerlines shall begin until the powerlines have been **positively and unmistakably de-energized and grounded.**
- No work shall be performed , nor any tools, drills, cranes, machinery or other equipment operated within the specified minimum distances from any energized high voltage electrical conductor capable of energizing the equipment; **except where the electrical distribution and transmission lines have been de-energized and VISIBLY GROUNDED at point of work.**
- The minimum distances from any energized high voltage electrical conductor must be maintained when pulling a winch line, or other cable or rope from a boom, mast, drill, crane or other type of equipment.
- When boom guards, insulating links (line shields) or proximity warning devices are used, the **DANGER ZONE** clearances must still be observed.
- When a switch is used to de-energize a powerline a **LOCKOUT & TAGGING PROCEDURE MUST BE IN PLACE.**
- If there are over head powerlines present on your next job site and someone tells you that the lines are de-energized and you believe this person to be knowledgeable you may have just **BET YOUR LIFE.** (Chuck did and was lucky to live and tell you about it).
- Reading, understanding and implementing the DBM Powerline Safety Policy is not an option.
- Deviation from the DBM Powerline Safety Policy is not an option.

I certify that I have read and understand all of the above.

(Employee Signature)

(Date)

(Witness)

(Date)



ALL EMPLOYEES SIGN THIS AND THE ORIGINAL IS KEPT IN PERSONNEL

I certify that I have received training and read the company policies, procedures and safety information listed below. In addition, I understand it is a condition of my employment that I follow the policies and procedures outlined in the material received and I am to report any potential safety hazards/injuries immediately to my supervisor or a member of the company safety committee.

If I do not understand any part of these listed policies below, it is my responsibility to notify my supervisor so he/she can provide me with the information I need. The immediate supervisor has authority to terminate my employment if in his/her opinion I have not fulfilled my responsibilities as an employee.

(Signature)

(Date)

(Please Initial)

____ INTRO:SAFETY PROGRAM/SAFETY ACTION COMMITTEE/SAFETY REVIEW BOARD:

____ EMPLOYEE'S RESPONSIBILITY TOWARDS SAFETY:

____ DBM WORK SAFETY RULES AND INFORMATION (WORK RULES/PPE)

____ EMERGENCY AND ACCIDENT PROCEDURES (including property & equipment)

____ INDUSTRIAL INSURANCE PROGRAM:

____ DBM RETURN TO WORK PROGRAM

____ FALL PROTECTION POLICY:

____ SUBSTANCE ABUSE POLICY:

____ HAZARD COMMUNICATION PROGRAM(MSDS):

____ SEXUAL HARRASSMENT POLICY:

____ EEO POLICY:

____ BLOODBORNE PATHOGENS

____ POWERLINE SAFETY RULES

____ DBM SAFETY HANDBOOK (KELLER'S OSHA CONSTRUCTION SAFETY HANDBOOK)

____ Foreman/Supervisor:

I certify that I have instructed the new employee listed above on the above listed policies.

(Signature)

(Date)



POWER LINE CONTACT

Whenever work is to be done with a crane near power lines, the public utility who owns the lines should be contacted.

An effort should be made to have the power lines, relocated, temporarily removed, de-energized or protected. All work on the power lines must be done by the utility company, or by an electrical contractor with the approval of the utility.

At no time should any part of the crane, including its boom, attachments or load be allowed to enter the Danger Zone that surrounds an energized line. The Danger Zone clearance should never be less than 10 feet and must be increased at voltages higher than 50 KV. These required clearances are:

Danger Zone Clearance Distances	
Normal Voltage (Phase to Phase)	Minimum Required Clearances
0 to 50 KV	10 Ft.
Over 50 to 200 KV	15 Ft.
Over 200 to 350 KV	20 Ft.
Over 350 to 500 KV	25 Ft.
Over 500 to 750 KV	35 Ft.
Over 750 to 1000 KV	45 Ft.

When cage-type boom guards, insulating links or proximity warning devices are used, the Danger Zone clearances must still be observed. All wires must be considered to be energized until positive proof that the line is dead is provided by the utility company, and these lines are visibly grounded near the work area.

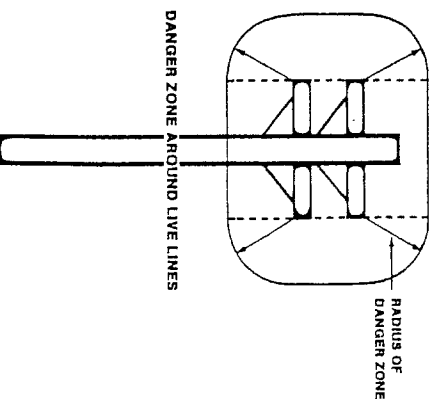
Consideration must be given to motion in overhead wires having long spans. Care must also be given to rebound effects when a load is released at the hook. Clearances must be set using an unload boom.

When a crane is being transported, or is moving from one work area to another with the boom lowered, the following clearances must also be observed.

Transit Clearances	
Normal Voltage (Phase to Phase)	Minimum Required Clearances
0 to .75 KV	4 Ft.
Over .75 to 50 KV	6 Ft.
Over 50 to 345 KV	10 Ft.
Over 345 to 750 KV	16 Ft.
Over 750 to 1000 KV	20 Ft.

Persons working near a mobile crane should consider that crane to be subject to contact with overhead electric lines. You should not touch, climb on, or lean against the crane, its ropes, hooks or load, without first looking for possible contact overhead lines.

Signalpersons have the responsibility of watching for overhead wires.



Record Keeping

All Corporate Safety and Health records are located at the DBM/CM Corporate Office located at :

1220 S.356th
Federal Way, WA 98003

These records include, but are not limited to: All OSHA and State inspections or citations, OSHA 200 log, individual training and medical records, drug testing and master MSDS records.

For more information, contact: Sue Wolf or Bob Birdsall at :

Seattle (253) 838-1402
Tacoma (253) 927-8510

OSHA 200 LOG

All recordable accidents/incidents will be recorded on the OSHA 200 Log. This record is located in the Personnel office of DBM/CM.

1220 S. 356th
Federal Way, WA 98003

To receive information or updates, please contact Sue Wolf at :

Seattle: (253) 838-1402
Tacoma: (253) 927-8510